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No. 1.

BAD EFFECTS OF BREATHING IMPURE AIR.

BY DR. ELMORE.

NOTWITHSTANDING the various inventions and improvements which distinguish the age we live in, it is lamentable to observe what little attention has been paid to the ventilation of apartments in which we are destined to pass the greater portion of our lives, and in which a constant and well-regulated supply of the element we breathe is so essential to mental enjoyment, as well as the sustention and prolongation of life.

This inattention can only be accounted for either by the want of education in the major part of that class of persons who call themselves builders, and who content themselves with executing their work, and getting it off their hands with as little expense and loss of time as possible; or an apprehension, on the part of those who aspire to the more elevated designation of architects, that the introduction of anything new would expose them to the charge of a want of taste, or of that acquaintance with the style of the ancients to which it is the fashion so strictly to adhere, imitation being, in their opinions, more deserving of commendation than originality of design, or a desire to meet the improvements of the age; and fashion, of more importance than health. If they construct our doors and windows in so superior a manner as to exclude every possible particle of air, they flatter themselves with having attained an advantage to which the inhabitants of ancient Greece and Rome did not aspire; and when they arrive at that degree of perfection which will enable them to exclude this element altogether, they will, no doubt, be entitled to an increased meed of praise from medical practitioners, heirs-at-law, undertakers, &c. They should, however, recollect, in their apparent anxiety for imitation, that the ancient architects of warmer climates did not overlook the necessity of a free admission of air; and also, that a constant supply and free circulation of this element is as necessary for sustaining life, as a given quantity for the combustion of the fuel we require to warm our apartments: our builders, nevertheless, only provide for the latter, as if the former, although the more important, was of minor consideration; or, that they conceived the chimney-draught sufficient for both purposes, when in reality it does not answer that for which it is principally intended; as by far the greater portion of the heat generated in our open fire-places is carried up the chimney by sharp currents of air from occasional openings of doors, or such crevices as it may force its way through. It is, moreover, frequently productive of serious bodily injuries, particularly to

those of delicate frames; while it cannot be sufficient for the purposes of wholesome ventilation, this air being colder than that already in the room, is consequently of greater specific gravity, and must form a lower stratum, not unfrequently felt by those placed round the fire, suffering from an undue proportion of heat at one side and of cold at the other.

It should also be borne in mind, that the openings of our fire-places being seldom more than three or four feet from the floor, the upper stratum of air which we breathe is neither removed nor purified by this under current, and must, from being breathed over and over again, be productive of most prejudicial effects, and that the contamination of this atmosphere is considerably augmented at night by the combustion of lights. It has been ascertained that the quantity of air breathed by an ordinary-sized person is about two thousand cubic feet per hour; and that two mould candles consume as much of the oxygen of this air as a human being; and that the nitrogen and carbonic acid gas which remain are peculiarly inimical to animal life, and that when carried up by the currents occasioned by combustion and respiration, they form an upper stratum where they remain, and must be repeatedly inspired before they make their escape into the chimney, the only ventilating flue with which our houses are provided.

It should also be observed, that the heat thus generated is in proportion to the quantity of oxygen abstracted from the atmosphere, which enters into combination with the carburetted hydrogen of the flame of candles, coal-gas, oil, or other inflammable matter, from which light is produced. That every cubic foot of carburetted hydrogen consumed unites, on an average, with two cubic feet of oxygen (that portion of the atmosphere required to support animal life); and that the product of this combustion is about two and a half inches of water and one of carbonic acid gas, which, when inhaled in its pure state, proves instantly fatal; and the greater the proportion we inhale, in addition to the vapors evolved from the lungs and skin, the more pernicious the effect.

Supposing, for example, that the perfect lighting of an ordinary-sized apartment requires fifteen cubic feet of carburetted hydrogen per hour, this would form about a pint and a half of water, and fifteen cubic feet of carbonic acid gas; for whenever carburetted hydrogen gas is burned with oxygen, or atmospheric air, these are the products of the combustion, whether the carburetted hydrogen is obtained from wax, tallow, oil, or coal. If, therefore, this lighting continues in an unventilated apartment for seven hours, one gallon of water is produced, the greater part of which will be deposited on the walls, windows, furniture, polished metal, or other cold surfaces with which it comes in contact; and to some articles of this nature it is known to prove highly prejudicial, in addition to the injury to health occasioned by an increased quantity of moisture, mixed with the air we breathe. As one of the principal functions performed by this air for the preservation of health, is to carry off with it a considerable quantity of vapor, in order to prevent its undue accumulation in the lungs, it is, therefore, evident, that after it has been already so loaded it cannot properly perform these functions, and that consumption and other complaints are thus frequently induced.

The prejudicial effects of carbonic acid gas (which is the same as the choke-damp of mines) as well as the nitrogen of the air, which is set free by the abstraction of the oxygen (and amounts in quantity to four times that of the oxygen), are well known, and ought by all possible means to be provided against. This has been attended to within the last few years in our public hospitals, and the mortality in consequence considerably decreased; and likewise in several of our manufactories and public establishments, where the diseases generated by the number of persons congregated in such establishments have been proportionably diminished. In the House of Commons, also, where hundreds of members, with hundreds of candles burning at night, tended so much to vitiate the atmosphere, important improvements in lighting, as well as ventilation, have been recently made; but in our domestic establishments little or no attention has been paid to this important subject, and the foundation of a variety of diseases must be the result, particularly from the foul air breathed at balls, or other crowded assemblies.

The confinement of air in our churches and places of public worship must also be highly prejudicial, as we are frequently exposed to an atmosphere, on entering one of these edifices in the summer months, ten or fifteen degrees below that of the external air, independent of the stagnant state in which it has been allowed to remain during a whole week, often vitiated, in a greater degree, by the gaseous matter evolved from human remains; and even in private houses much inconvenience is experienced from the stagnant state of the atmosphere in close and gloomy weather, as the entire basis of ventilation depends on the possibility of producing a constant circulation as well as supply of this element. Close stoves are also objectionable when made of iron, and heated to a certain temperature, as oxide of iron is produced by the powerful attraction of that metal for oxygen, and the formation of ammoniacal gas by the mixture of the nitrogen, which remains, with hydrogen, acting on our bodies and olfactory nerves.

But if stoves were constructed of masonry throughout, as in many other countries, or of fire-tiles, or porcelain plates, imbedded in mortar, with well-regulated flues, they would be far preferable to open fire-places; this substitution of imperfect conductors of heat being not only consistent with the soundest principles of economy in the preservation of heat, and its more uniform distribution through apartments, but more conducive to health than bringing the air in contact with iron stoves or pikes. Our desire, however, for polished metals in almost every department of our domestic appendages, united to the interests of the furnishing ironmongers, to whom these matters are usually left, must operate, in no small degree, in determining the prevailing taste for this commodity. Porcelain stoves may, nevertheless, be made sufficiently ornamental for those who prefer health to fashion; and when apartments are provided with well-regulated apertures and flues through their ceilings into the adjoining chimneys, to carry off the air vitiated by respiration and combustion, a sufficient degree of heat may be obtained with a sufficient supply of that element, without which it is impossible to maintain health.

The healthy appearance of those who pass the greater part of their

time in the open air, sufficiently indicates its advantages. Armies are also well known to have greater numbers on the sick-list when well housed, and what is considered comfortably settled in quarters, than when exposed in a campaign to the vicissitudes of the season for weeks and months, without any other covering than the canopy of heaven, or occasionally of a tent or hut, or the shade of a tree. These facts ought to satisfy us that we should admit the air as freely as possible, and provide, at the same time, for its escape through the ceilings of our apartments at all seasons of the year, as the temporary and often imaginary inconvenience of a little cold, when compared with the decided disadvantages of breathing impure air, is by far the lesser evil.

Where ventilation in large establishments or public buildings can only be obtained by artificial means, it is produced by pumping air in, or drawing it out, by a fan worked by steam, or other adequate power, and affording it the means of free circulation, either cooled, heated, or in its natural state, through well-regulated apertures in the floors, walls or ceilings; and in coal-mines, by flues or shafts, in which constant currents of air are maintained by the combustion of fuel or coal-gas. This system might also be easily introduced into houses already built by means of the existing chimneys, but with still greater facility, if our architects and builders were to direct their attention to these points when erecting new ones.

The importance of this subject has been frequently pointed out by scientific men of considerable eminence, without attracting that attention which would have been the means of preventing many persons from being imperceptibly hurried to an untimely end. It is, therefore, to be hoped that the powerful engine of the press will continue to lend its aid in exposing these evils, until it impresses upon the public mind, and more particularly upon our architects and builders, the urgent necessity of providing against them. Is it not possible to make the heat produced in the lighting of apartments available for their perfect ventilation? If any of these gentlemen succeed in so doing, they will be entitled to greater gratitude, for this achievement in the purification of an element so essential to the preservation of our lives, than any claimed by those heroes whose victories have contributed so much to the miseries of the human race, and the destruction of the human species. But we ought not, perhaps, to be so much surprised at the slow march of intellect in this respect, when we find so many centuries to have elapsed before it was so generally admitted, as at present, that pure water, another element bountifully supplied by nature, is preferable to any other beverage for insuring the health and happiness of mankind; and where we have so many temperance societies, and other advocates, for impressing upon the minds of our fellow-subjects the necessity of becoming converts to the imbibing of this element, in its pure state, ought we not with still greater reason to endeavor to make a similar impression as to the advantages of inhaling, with equal purity, the lighter fluid, of which we stand so much more in need, and which we so much more frequently require?—*London Lancet.*

CASE OF SUB-MAXILLARY TUMOR.—TRACHEOTOMY.

BY B. R. RAPHAEL, M.D., N. YORK.

JOHN ULABROPH, ætat. 21, milkman, born in New York, was admitted to the New York Hospital, May 23d, 1840, with a swelling under the lower jaw, which very much impeded his respiration. As far as could be ascertained, the first symptom he had of the disease was enlargement of the tonsils; one of these was removed last January. From that time a hard, but not very tender swelling seemed to spread, until it reached its present size. It occupied the whole sub-maxillary region from one ear to the other, and reached down to the os hyoides, which was depressed by it. In the buccal cavity it had encroached very much, so that the tongue was protruded and raised up. It was firmly fixed to the jaw and os hyoides. The patient could not open his mouth more than one third of an inch; deglutition was very difficult, and respiration exceedingly embarrassed. His face was very red, approaching round the lips to purple; countenance expressive of the greatest anxiety. The tumor had only affected his breathing for four days previous to his admission, and as he had not slept during the whole time, he was very drowsy. He could not endure the recumbent posture for a moment.

May 24th. Slept none last night; breathing even more difficult than yesterday, each act of respiration accompanied with a loud moan. In consultation, laryngotomy was unanimously advised. It was performed by Dr. A. C. Post, at 2 P. M., in the crico-thyroid space. As soon as a free opening was made, the air rushed in with a hissing noise, and with great relief to the patient. The edges of the wound were drawn apart with threads passed through the skin, and this tied behind the neck. A few minutes after the operation he had a paroxysm of coughing, and threw out of the opening a large quantity of mucus. Soon after this he fell asleep, and during the afternoon was comfortable; occasionally, however, throwing up a quantity of bloody mucus. He slept soundly until 4 o'clock next morning.

25th. Countenance improved; breathing easy, about 20 per minute; feels quite comfortable; bowels opened in the evening by an enema.

26th. Slept very well; breathing very easy; nearly every hour since the operation he had a paroxysm of coughing, in which he would throw up blood mixed with mucus; after the paroxysm he would be comfortable. The tumor having previously been moistened, was touched to-day with the solid nitrate of silver.

27th. Doing extremely well; appetite very good. Is allowed milk and soft custard, which he swallows easily. A canula was introduced into the opening in the larynx; at first it created some irritation, which soon afterwards subsided. It remained in until 12 at night, when it became clogged with mucus and was removed.

28th. Canula introduced again early in the morning, and kept in until 3 P. M., when it was removed, cleansed, and again re-applied—kept in until 10 P. M.

29th. Canula introduced again.

30th. The tumor coated over with tinct. iodine; canula still remaining.

June 8th. Keeps the instrument in for 24 hours without any difficulty.

10th. After removing the instrument to be cleansed this morning, the granulations seemed to swell and close the opening, and nearly stopped his breathing. It was instantly put back again, and he breathed with ease.

15th. The tumor under the jaw has diminished very much since last report, and has become softer. It would probably present no difficulty to his breathing now, but there exists in the back part of his mouth a large projecting tumor which seems entirely to close the fauces. He opens his mouth so little yet, that the exact nature of the tumor cannot be ascertained.

19th. To-day he hawked up from the back part of his mouth a very large, bad-smelling slough, of a grayish color, and as large as a good-sized oyster. After the discharge of this slough he found he could breathe more easily through his mouth. It was not accompanied or preceded by any discharge of pus other than the usual muco-purulent discharge. On examination of the fauces, a small pendulous tumor can be seen on the base of the tongue, which has its origin on the right side, anterior to the tonsil. Posterior to this, and where the tonsil should be, is a cavity apparently the situation from which the slough proceeded. The external swelling has almost entirely subsided.

30th. Since last date he has improved rapidly. By closing the orifice in the trachea, he is able to speak, whistle, blow his nose, and breathe freely. His general health is pretty good. Since last report he has been out of bed most of the time, and several times out of doors. The sore is contracting. Granulations touched with caustic and dressed with simple salve.

July 1st. The tube was removed to-day, and the orifice allowed to commence healing.

3d. The orifice has closed, and he breathes freely through the natural passage.

9th. There is some slight increase of the swelling. Tinct. iodine applied over its whole external surface.

16th. The swelling has continued to increase very rapidly. It is principally confined to the parts immediately under the tongue and the anterior part of the jaw. It is very hard, but not painful. It does not yet affect respiration. On the 13th a dozen leeches were applied, but with no marked benefit. Ordered tobacco poultice.

20th. Tumor has not increased a great deal. He feels a throbbing pain in it to-day for the first time, and says he had occasional rigors all day yesterday. All kinds of local applications were made without benefit; leeches, blisters, ung. hyd. pot., &c.

Aug. 4th. After a consultation, two deep incisions were made on the left side of the jaw, and one on the right side, penetrating through the genio-hyoid fascia. These incisions bled very freely, and it was necessary to apply nitrate of silver to their surface; lint wet with cold water was then applied, and afterwards a large poultice. These measures were attended with but little benefit.

9th. The tumor has continued to increase so much, that there is now

the greatest oppression of the respiration, and at times suffocation is imminent. Dr. Post opened the larynx in the same situation as before, and with immediate relief to his breathing. The disease still continued steadily to advance, pushing upwards and protruding the tongue, which was itself very much swollen. His bowels were kept open by laxatives; his diet was principally milk.

17th. Two incisions were made, one into each side of the tongue; they bled freely. This gave temporary relief. The patient breathes very easily through the tube. A bread and milk poultice was applied over the tongue and mouth.

23d. His condition is somewhat improved: the swelling has somewhat diminished, especially under the jaw. The incisions are nearly healed, and he is able to walk about the ward. He complains of severe smarting in that part of his tongue which is protruded. This was relieved by the application of linseed oil and lime water.

Sept. 16th. Last night a considerable hemorrhage took place from the mouth, about $\frac{3}{4}$ viij. of blood were lost, by which he was much weakened. On introducing the finger along the side of the tongue, it was imbued with a most disgusting smell, which could scarcely be washed off. He has now become much emaciated and feeble; he has also a severe catarrh, and the tube is almost constantly obstructed. His appetite continues very good, and he is able to be up occasionally for a time. The edge and lower surface of the tongue has become deeply ulcerated by the pressure of the teeth.

23d. Was attacked with severe diarrhœa, which weakened him very much, but was checked without much difficulty. His appetite lately has been enormous.

Oct. 2d. Without any change in the symptoms, he was found by the patients dead in his bed. For some days past he has appeared somewhat better; the tongue had diminished a little, but on the lower part the progress of ulceration and sloughing had nearly separated it.

Post-mortem Examination.—Emaciation extreme; the whole of the tongue back to its root was greatly enlarged, and of a cartilaginous hardness. The under surface of the tongue was much destroyed by ulceration and sloughing. All the surrounding parts were involved in an almost uniform enlargement and induration. The swelling was greatest on the right side, and had pushed the epiglottis backwards and to the left. The jaw against which this tumor had so long laid in contact, was very much thinned by absorption; and the teeth could not be brought together after all the soft parts had been removed, from the change in the ligaments and glenoid articulation. The edge of the opening in the trachea was slightly ossified, and the mucous membrane for an inch below the orifice was ulcerated, exactly of the shape and size of the side of the tube he had worn. There were no traces of inflammation of the air passages. High inflammatory redness of the cæcum, colon, and lower part of the small intestines. Head not examined.—*N. Y. Jour. of Med. and Surg.*

TREATMENT OF CLUB-FEET.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The respectful allusion, in a late editorial paragraph in the Journal, to what you call “the pressure system of treatment of club-feet in Philadelphia,” has had the effect which was probably intended, of calling the attention of the profession more generally to the subject, and is eliciting much discussion on the different modes of treating the various distortions of the limbs arising from muscular contractions or other causes. Two modes of practice are now prominently before the public: success in one, depending mainly on the free division of those tendons supposed to oppose the principal obstacle to the cure; in the other, the same object being attempted by the judicious application of machinery, by which, without much pain or discomfort to the patient, the muscular fibres are made to yield, and elongate, and the same result ultimately obtained as by the division of the tendons. Among the advocates of the first plan, are some of the first surgeons in this country and Europe, supported, probably, by the great majority of the medical profession; while the *mechanical* practice, as it is by some contemptuously called, finds its most able, and almost *only* advocate, in the comparatively silent labors of a single individual, Heber Chase, M.D., of Philadelphia; favorably known, however, as having very successfully cultivated this particular branch of surgical practice. An occasional report of his cases, without note or comment on the practice of others, with the accounts of his success as made known by his patients and pupils, seems to have disturbed the equanimity of a distinguished practitioner of the opposite system, whose labored communication in your Journal (page 256, Vol. 23), is the occasion of the few remarks that follow.

Dr. B. announces, with some apparent self-gratulation, that the “Orthopedic Infirmary” at Boston “has been regularly increasing in public estimation, and gives flattering omens of soon ranking among our most useful and humane institutions;” that during the two last years he has “divided one hundred and one tendons,” “and that now he has a very considerable number of patients waiting to be operated upon,” and “twenty-nine cases of spinal distortion and twenty-eight cases of club-feet being actually under treatment.” Notwithstanding all this assurance of popular favor, this rail-road speed to “fame and fortune,” the Dr. evidently seems alarmed at the possibility of competition, and vexed that any should have the presumption even to question the necessity of cutting all these “hundred and one tendons” mentioned in his report. He derives consolation, however, from the fact that he is not the first who has encountered this sort of opposition. He says, “from time immemorial no age or generation has been exempt from pretenders to cure club-feet, spinal distortions, &c., by mechanical means alone.” And in the same connection he speaks of “machinists” and “machine-makers, who apply their own apparatus, as their fancy, stupidity or cupidity may suggest.” Of these epithets (which cannot be misunderstood as intended to apply, not only to Dr. Chase, but to all who advocate the opposite practice to that pursued by Dr. B.) no other notice has been taken than the simple re-

port of cases in Nos. 25 and 26 of your Journal, with drawings and descriptions of the instruments used, and mode of application, enabling any one who might choose to test the truth of the report, and the merits of the two modes of practice. Dr. B., too, has published his cases and reported his cures, in which he says much of "*my means of treatment*," "*my mechanical apparatus*," "*instruments of my own construction*"; but, unlike others who have made great improvements in the profession, there is a studied concealment of the *form* and *mode* of application of these instruments. He says, "the discovery of the true principles of the treatment of club-feet has been reserved to the present generation" (within *two years* probably), a discovery for which the profession may be none the wiser if it depends on Dr. B. to make the communication. But the Dr. does not keep wholly "dark" upon this interesting subject. He lifts the veil just sufficient to let us know that he does not belong to those "machinists who know little or nothing of anatomy or physiology," who "apply their apparatus as their fancy, stupidity or cupidity suggests." He says, "In all cases of club-feet—I *think* I may say all—certainly in all that have been much walked on, there is a twist of the whole limb—the articulation of the hip is *probably abnormal*. The head of the thigh bone and the acetabulum, I *presume*, have not that perfect symmetry found in a limb that has never deviated from a normal state. The gravitation of the foot being turned at right angles with the leg, produces an obliquity of the whole limb, from the diarthrodial articulation of the hip downwards." From this cloud of mystification the Dr. attempts to emerge, and, by way of discouragement to others, to inform us of the difficulties he has to encounter at his "most useful and humane institution," the Orthopedic Infirmary. "Time is required, and very considerable time, to cure club-feet. Muscles must be taught a new action; bone is to be dealt with, and absorbed; and the superabundant ossific matter on the outside of the foot must be taken up by the absorbents, and carried to the inside where it is deficient, which is a process of nature, and requires time. I say a process of nature, and so it is; but nature must be aided by art, or the work will not be accomplished. A constant pressure must be kept up, so directed as to make a bearing upon the external surface of the tarsal bone."

So much for the doctor's *methodus medendi*; now for his *ratio medendi*, his "physiology." "Where two living surfaces press forcibly on each other, absorption takes place, as in the decay of human teeth. The pressure of one tooth upon another always produces decay, and this is absorption. In cases of club-foot, nature, an unerring engineer, carries the superabundant ossific matter from the outside of the foot where it is not wanted, to the inside where it is wanted," &c. The Dr. does not inform us how his "unerring engineer" made such a mistake as to make the deposit on the wrong side of the foot in the first place, nor how the process of absorption, emphatically a vital action, can be called *caries*, *decay* or *death*.

From an attentive perusal of all the reports that have emanated from the Orthopedic Infirmary at Boston, I have endeavored to keep informed of the success of the practice at that institution, and of the same practice at

other places, particularly at Philadelphia, where ample opportunity is afforded to compare the cures effected under both modes of treatment; and I think facts and cases may be adduced, abundantly to prove that a successful treatment of these deformities of the limbs, whether arising from muscular contraction or other causes, is practicable, at any age, *without the division of tendons* or any cutting instrument whatever, provided true ankylosis has not actually taken place. During a few weeks recently spent at Philadelphia, I saw accomplished, without cutting, all that the most zealous tenotomists pretend to do with; which would convince any unprejudiced observer that many, very many tendons have been cut and "operations" performed, successfully no doubt, in cases that might with quite as much ease to the patient, but with less credit to the surgeon, have been cured under the improved application of instruments as now performed.

THOS. CHADBOURNE.

Concord, N. H., July 17, 1841.

PECULIAR DISLOCATION OF THE HIP.

JAS. MILLWOOD, æt. 70, was admitted into St. George's Hospital, on the evening of May 3, apparently in a dying state. He was found to have fracture of several of the ribs of the left side, and fracture of the right thigh, a little below the middle. The left foot was much everted, and there being no fracture of this limb, the attention of the house-surgeon, Mr. Tarrant, was immediately directed to the hip-joint, and the following appearances presented themselves:—The outer part of the left hip-joint was much flattened, and the usual prominence of the trochanter wanting. About an inch below, and a little external to a line, drawn perpendicularly downwards, from the anterior superior spinous process of ileum, was situated the *head* of the *femur*, the trochanter major lying backwards, and outwards to the latter. The head of the bone could be distinctly felt to move on flexing or rotating the limb.

It was impossible to ascertain (during life) what was the amount of shortening, in consequence of the fracture of the opposite thigh. The eversion of the foot was so considerable that the great toe might be said to point outwards, and slightly backwards. The limb admitted of very slight rotation or flexion.

The accident was occasioned by his being thrown out of a cart, and becoming entangled in the reins; the horse ran away, and he was dragged to some distance. He died shortly after his admission.

On examination after death, it was found that the bone had been dislocated directly upwards, the head lying on the anterior inferior spinous process, and a little to its outside. The trochanter major situated posteriorly, and resting on the dorsum of ilium, the trochanter minor resting on the outer edge of the acetabulum. The gluteus medius and minimus were very extensively ruptured, and nearly torn through, at about two inches from their attachments to the trochanter major. The gemellus superior was slightly lacerated, as was also the gemellus inferior and the upper fibres of the quadratus femoris, besides the short head of the rectus.

The capsular ligament was extensively lacerated at its superior part. The "ligamentum teres" entirely ruptured, a little before its attachment to the acetabulum; so that a portion of it remained adhering to both its points of insertion. There was a great quantity of effused blood in all the textures surrounding the joint. The parts are preserved for a preparation; and I feel confident when I say, that Mr. Hewitt, the curator of the-museum, will, with his usual kindness, be most happy to show it to all who feel an interest to see the "new kind of dislocation of hip-joint."—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 11, 1841.

ILLUSTRATIONS OF DISEASES OF THE EYE.

DR. WILLIAM C. WALLACE, of New York, extensively known for his devotion to the study of the comparative anatomy of the eye, and also distinguished in ophthalmic surgery, has given the profession, within a short time, two new charts, in further illustration of the study to which the active powers of his vigorous mind have been steadily devoted for many years. These charts are conveniently constructed for surveying the entire domain of the eye, both in health and disease, at a single glance. To students they must be exceedingly valuable. To any one about operating on the organ itself, or any of its appendages, No. 2, as it is designated, being a colored plan of every malady for which the resources of surgery offer a relief, is an unrivalled guide.

On the first sheet there is a graduated scale of ocular mechanism, colored to the life, embracing the fish, reptile, &c.; and finally the series becomes complete with the human eye. On the second, the author shows not only the location of each specific disease of the organ, as particularized in books, but he adverts to the remedy in the fewest words, and exhibits at the same time the appropriate instrument to be used, the exact appearance of it, in relation to all contiguous parts—and also, in combination, to leave no chance for misunderstanding the idea, the fingers of the assistant are pictured on the spot where they should be placed. Couching, extraction of the cataract, artificial pupil, puncturing of the globe, pterygium, and, lastly, divisions of the recti muscles for overcoming strabismus, are all displayed with a truth and vividness that call forth our admiration and lay us under renewed obligation to Dr. W. Each engraving, in the disease it is designed to exhibit, is on the plan spoken of in an editorial notice of Dr. Post's treatise upon strabismus, three weeks ago.

Probably for a dollar, and perhaps for less, these charts might be purchased; and if so, it would be money economically expended. Even to lie upon the table for general reference, they are worth three times their actual cost. A description of the anatomical appearance of parts is not like seeing pictured illustrations of the parts themselves. Neither books nor oral instruction can possibly compete with these ingenious and useful schemes for making difficult subjects comparatively easy. Dr. Wallace is without a competitor in this novel and useful department of authorship.

New York State Lunatic Asylum.—No. 26 of the Assembly Reports contains a communication from the Comptroller, transmitting the annual report of the Commissioners of the Asylum. The total amount expended on the structure, at the time the return was made, Jan. 13th, was \$92,171 29. The lathing and plastering is equal to 25,000 square yards! A most substantial edifice, convenient, economical, and superior to any accommodation for lunatics in America, may be expected in the great undertaking now in progress of completion by the people of that State. Very large sums of money must necessarily be appropriated before it will be ready for occupancy.

Dr. Seeger's Advocacy for Total Abstinence.—That venerable physician, C. L. Seeger, M.D., of Northampton, Mass., delivered an address quite recently in that town, which reflects the highest credit on his philanthropy and medical discernment. One extract, only, can be conveniently introduced.

"The history of all nations and ages proves the fact, that the vast many evils, which afflict mankind, have their origin in the ignorance and vicious propensities of man. Though it is a severe school, which teaches wisdom and virtue by suffering, there is often no other, and, what is worse, the life of man is not seldom too short to profit by the lessons received with so much pain and misery. Thrice fortunate is the lot of that individual, that was placed from his infancy in circumstances favorable to the acquisition of sufficient moral and intellectual culture to shun the rocks upon which thousands had been wrecked. How many of our fellow citizens have been plunged into misery, and their innocent wives and children into poverty and distress, because they were early taught that the daily use of alcoholic liquors is salutary! and not many years ago respectable characters, even of the learned professions, so called, insisted on the healthiness of rum, and inculcated the dangerous doctrine by their own example on the minds of their children, and of the community to which they belonged."

Jefferson Medical College.—Since the last lecture term, some important changes have been made in the board of faculty, but they will by no means affect the integrity of the Institution, or lessen the advantages of the students who may enter their names on the catalogue of the school. Drs. Revere and Pattison's places are supplied by gentlemen of acknowledged power and ability to teach in the departments to which they are assigned by efficient trustees. Dr. Dunglison is now the senior professor. Drs. Mutter, Pancoast and Meigs are extensively known for their devotion and success in the profession of which they are distinguished members. It would be unnecessary to particularize all the opportunities which the student has for studying the various things belonging to a course of clinical instruction, in connection with the daily discourses and demonstrations at the College. Ten beneficiaries are admitted, on application to the dean, R. M. Huston, M.D., post paid. Young gentlemen, therefore, who have not the means of paying for the course, have great encouragement; and any ten who may seasonably apply, will receive just as much attention as those who never knew the inconvenience of poverty.

Yellow Fever.—St. Joseph, in Florida, has heretofore been considered a place of such atmospheric purity, that invalids have been accustomed to go there for the renovation of their enfeebled bodies—and thus it has remained, till a short time ago, when a schooner, loaded with fruit, arrived directly from Havana, having two hands on board prostrate with the yellow fever. They were taken on shore, and all kind and praiseworthy attentions paid to their comfort. The seeds of death were thus introduced—and the melancholy catalogue of deaths which has followed the landing of these two sailors, will long be remembered with tears and sorrow at St. Joseph.—What can be said to this plain introduction of yellow fever from a foreign port, by those physicians—the leaders in the profession—who positively declare that such a circumstance never has occurred and never can occur? Can any one in his senses pretend that the infection in this case was not of foreign origin, and propagated from the two seamen, the first victims?

The disease seems not to have shown itself yet at New Orleans, although strong indications of it have been repeatedly announced. There is no apprehension of it here at the North; yet a season rarely passes by without an occasional rumor of its existence on board of some vessel from a tropical climate. Thus far, the shipping in the port of Boston, the present season, has been almost entirely free from sickness of any kind.

Medical Almanac for 1842.—Gentlemen preparing articles for the next volume, the 4th in the series, are requested to transmit them to the address of the editor of this Journal, as soon as it will suit their convenience. Medical statistics, in the United States and the British American Provinces, are especially desired—together with accounts of all new medical associations, the names of their officers, and all other useful information concerning them. Full and accurate accounts of medical schools, hospitals, infirmaries and dispensaries, as in past years, are requested from authentic sources. Any communications calculated to make this annual increasingly useful to the profession throughout the whole country, will be gratefully acknowledged by the editor.

Graves's Clinical Lectures.—We are informed that Barrington and Haswell, of Philadelphia, will have ready about the middle of August, a new edition of Graves's Clinical Lectures, with additional lectures and notes by Dr. Gerhard. We have no doubt, from the high reputation that both the gentlemen enjoy, that this book will be amongst the most attractive to the medical profession of any that have been announced for the coming season. The same publishers have also in the hands of an American editor, the last London edition of "Liston's Elements of Surgery," which they expect to issue early in the ensuing year.

Glanders of Horses communicated to Man.—No fact is better established than the communication of the shocking disease of the horse, called *glanders*, to the human subject. Cases of individual suffering are detailed from time to time, in the English journals, which are of the most painful description. In consequence of the increase of the malady, the medical officers of St. Bartholomew's Hospital have petitioned the Common

Council of the city of London, for the appointment of a *Veterinary Inspector of Smithfield Horse Market*, with a view to the prevention and cure of the disease amongst animals, and having special regard to the public health of the metropolis.

Medical Society, City of New York.—Nicoll H. Dering, M.D., was elected president of the New York City and County Medical Society on the 12th ult., which was the anniversary. The Recording Secretary is H. D. Bulkley, M.D. In times past, there have been spirited meetings of this Association, and it occurs to us that considerable excitement was manifested a few years since, in the election of officers.

Treatment of Phthisis by Inhalation.—Sir Charles Scudamore's method of treating tubercular phthisis by inhalation of iodine and conium, has been referred to in former volumes of this Journal. By an article of his in a late No. of the *Lancet*, it appears that his zeal has not at all abated in this mode of treatment, and that he has opened an institution in London for the poor afflicted with diseases of the chest, where upwards of two hundred patients have been treated and relieved during the last year by inhalation. The following extracts will be found interesting.

"Let it not, however, be imagined, that I claim for it, boastfully, the power of curing the tubercular disease of the lungs in its worst forms; or that I allow myself to speak of tubercular phthisis as curable in a general sense; which might serve to imply that it is not the dangerous and commonly fatal disease which it has always been considered to be. My zeal for the remedy has never carried me to this imprudent length; but I may, on the other hand, be excused if I do not join in the despondency of those who almost shrink from contending with the disease, and who send away the unfortunate patient, in any stage of the disease except quite the last, to another climate. I hold this to be an exceedingly wise measure in certain cases of the threatening of consumption, especially in young persons, whose constitution is not yet fully developed; but I also strongly condemn it, when serious disease has become established, requiring for its treatment the nicest means of art, and not a mere contentment with change of air, and climate, and attention to diet; advantages which are wholly inadequate to the cure, and too often insufficient even for the suspension of the disease. I recommend inhalation as forming a part of a system of treatment, but certainly a very important part; yet, in order to produce its good effects, the doses and the combinations of the several ingredients are always to be considered. The following is the formula of the iodine solution which I prescribe:—*R. Iodinii, potassii iodid., aa gr. vj.; aquæ distillat., 3 v., 3 vj.; alcoholis, 3 ii. M. et fiat. Mistura in inhalationem adhibenda.*"

Iodine in Opacity of the Cornea. By DR. LOHSE.—The case in which this remedy was successfully employed was one of opacity of the cornea consequent on syphilitic ophthalmia, and so considerable as almost completely to destroy vision. The iodine was given internally, and from four to six drops of the following collyrium were let fall into each eye three times a day: *R. Iodini, gr. i.; potassii iodidi, gr. ii.; aq. dest. 3 vi. M.* Afterwards this was exchanged for an ointment consisting of iodine,

gr. jss. ; iodide of potassium, ʒj.; and lard, ʒss., of which a small portion was once or twice a day put between the eyelids. The cure was perfected in three months.—*Medicinische Zeitung*.—*Brit. & For. Med. Review*.

Statistics of Amputations performed in the African Army, in Hospitals and the Field, in the years 1837–8–9. By Dr. GUYON.—The number of amputations performed in the above years (the campaign of Constantine in 1837 excepted) was 63, namely: Disarticulation of the shoulder-joint, 6; do. elbow, 2; do. wrist, 6; do. knee, 1; do. partial of foot, 1; do. tarso-metatarsal, 1. Amputation of the thigh; 16; do. leg, 7; do. arm, 15; do. forearm, 8.

Of these 63 patients, 46 were cured, 17 died. As, however, four died from circumstances scarcely connected with the amputation, the proportion of deaths may be stated as 1 to 11. This result is much more favorable than that during the siege of Constantine in 1837, for of 10 amputations performed at Médéah, only 1 survived, and of 62 at Blidah, 39 died.

Of the 63 operations referred to above, 44 were performed immediately, 19 secondarily. The former gave 32 cures, 12 deaths; the latter 14 cures, 5 deaths. Thus the proportion of cures after secondary amputation was not less satisfactory than that after immediate.—*Gaz. Med. de Paris*. *British and Foreign Med. Review*.

Case of Triplets.—A very interesting case of triplets is recorded in the Western Journal of Medicine and Surgery (April, 1841), by Dr. A. H. Buchanan, of Columbia, Tenn. The mother was a delicate woman, aged 35, and had had four children previously. The father is a stout, healthy man, of middle age. The three children were all well formed, and were hearty and living when the account was written, about six weeks after birth. The child first born was a male, weighing seven pounds; the second a male, weighing four pounds; the third a female, weighing five pounds; making in all sixteen pounds. The placenta was single, and very large, being by actual measurement twelve inches across in one direction, and fourteen in another, and two inches thick in the centre; it presented three divisions upon its fetal surface. Each child had distinct membranes and liquor amnii, and there were three distinct cords.—*American Journal of the Medical Sciences*.

Medical Miscellany.—Dr. Wolford Nelson, the proscribed patriot, whose name was extensively circulated during the late rebellion in Canada, has returned to his family—the Provincial government having offered no molestation.—Yellow fever is again awfully destructive at Havana, says a late arrival.—The degree of M.D. was conferred on twenty gentlemen at the late commencement of Dartmouth College, in course. An honorary degree of M.D. was conferred on Micah Eldridge, of Nashua.—Three thousand dollars are offered by the Legislature of Kentucky, for a discovery of the cause of the milk-sickness, any time within five years from the passage of the act.—T. Romeyn Beck, M.D., has been elected professor of materia medica in the Albany Medical College. He has also been chosen Secretary of the Board of Regents of the University of the State of New York.—Middleton Goldsmith, M.D., is prosecutor in the College of Physicians and Surgeons, New York.

TO CORRESPONDENTS.—Dr. Trowbridge's remarks on Diseases of the Ovaria, Dr. Kellogg's paper on Gout and Rheumatism, and one on the last illness of President Harrison, have been received.

NOTICE.—A Supplement of four pages is sent out with this No. of the Journal.—The Title-page and Index of the last volume will be enclosed in the next No. or the one succeeding it.

MARRIED.—At Claremont, N. H., May 26, Henry E. Ranney, M.D., of Wardsboro', Vt., to Miss L. O. Billings, of Claremont.—At Lebanon, N. H., Edward R. Peaslee, M.D., to Miss M. T. Kenrick.—At Lowell, Mass., Dr. Frederick Morrill to Miss A. D. Burditt.

DIED.—At Westmoreland, N. H., Dr. Campbell—killed by being thrown from his gig.—At Pensacola, Mordecai Morgan, M.D., Surgeon U. S. N., 51.—At Norwich, Penn., Dr. Charles H. Mitchell, 29.—At New York, Dr. William Baldwin, 62.—At Chesterfield, Mass., James H. Torrey, M.D., 29.

Number of deaths in Boston for the week ending Aug. 7, 34.—Males, 13; Females, 21. Stillborn, 2.

Of consumption, 8—infantile, 1—disease of the heart, 2—teething, 3—inflammation of the bowels, 1—canker, 1—dysentery, 4—scarlet fever, 1—smallpox, 1—debility, 1—cancer, 1—bowel complaint, 1—disease of the spine, 1—liver complaint, 1—pneumonia, 1—chronic diarrhoea, 1—croup, 3—inflammation of the brain, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. July.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun. F.	P.M.	Sun. S.	Sun. F.	P.M.	Sun. S.			
1 Thur.	68	78	72	29.26	29.24	29.25	S W	Fair	
2 Frid.	63	75	68	29.30	29.35	29.40	N W	Fair	
3 Satur.	51	70	66	29.43	29.40	29.42	N W	Fair	
4 Sun.	52	76	66	29.41	29.40	29.40	N W	Fair	
5 Mon.	56	76	66	29.39	29.30	29.29	S	Fair	High wind. Thunder storm evening.
6 Tues.	61	81	73	29.26	29.32	29.27	S W	Fair	Thunder storm in the night. .40 in. rain.
7 Wed.	64	76	72	29.25	29.32	29.31	W	Fair	.56 inch rain in the night.
8 Thur.	62	74	70	29.32	29.34	29.40	N W	Fair	
9 Frid.	60	75	70	29.44	29.50	29.45	N W	Fair	
10 Satur.	64	74	67	29.26	29.26	29.34	N W	Fair	.19 inch rain from 6 to 9 o'clock, A. M.
11 Sun.	54	70	70	29.37	29.31	29.30	N W	Fair	
12 Mon.	51	73	71	29.30	29.29	29.29	N W	Fair	Beautiful sunset.
13 Tues.	54	79	74	29.30	29.31	29.38	W	Fair	
14 Wed.	64	78	74	29.39	29.38	29.35	S W	Fair	.18 inch rain in the night.
15 Thur.	69	83	79	29.30	29.32	29.33	N W	Fair	
16 Frid.	69	71	72	29.30	29.34	29.42	N W	Fair	Shower. Thermometer fell 10 degrees.
17 Satur.	63	77	65	29.45	29.52	29.53	S W	Fair	
18 Sun.	56	77	72	29.53	29.54	29.53	S	Fair	
19 Mon.	58	83	74	29.54	29.54	29.55	S W	Fair	Aurora borealis.
20 Tues.	64	83	75	29.64	29.75	29.76	N	Fair	
21 Wed.	61	86	78	29.77	29.76	29.70	S	Fair	Fog in the meadows in the morning.
22 Thur.	62	84	81	29.63	29.55	29.50	S W	Fair	
23 Frid.	70	80	74	29.47	29.50	29.50	N E	Fair	
24 Satur.	64	72	72	29.54	29.58	29.56	N E	Cloudy	
25 Sun.	69	82	73	29.48	29.49	29.32	S	Cloudy	Thunder storm morning and evening.
26 Mon.	71	74	68	29.38	29.38	29.49	N W	Fair	
27 Tues.	56	75	72	29.50	29.45	29.42	S E	Fair	
28 Wed.	64	73	71	29.34	29.33	29.40	N W	Fair	
29 Thur.	50	70	67	29.48	29.48	29.45	S W	Fair	Aurora borealis.
30 Frid.	56	76	70	29.40	29.40	29.40	W	Fair	
31 Satur.	60	64	64	29.40	29.39	29.36	N E	Rain	

The month of July has been favorable to the husbandman for the ingathering of the fruits of the earth, while seasonable showers have kept the gardens and later crops thrifty and luxuriant. The season has been dry, and the supply of rain moderate. Thermometer has ranged from 50 to 86. Barometer from 29.24 to 29.77. Rain, 2.93 inches.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by P. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

SUPPLEMENT
TO THE
BOSTON MEDICAL AND SURGICAL JOURNAL.
NO. 1, VOL. XXV.....AUGUST 11, 1841.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.	JOHN WARE, M.D.
JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.	

At the annual meeting of the Committee, July 28, 1841, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

Boston, July 29, 1841.

A. 4—4w

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDREWS' Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Catterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunse on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plumbo on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretæus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.
T. ROMEYER BECK, M.D., Prof. Materia Medica.
ESSENZER EMMONS, M.D., Prof. Obstetrics and Natural History.
LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
JAMES H. ARMSBY, M.D., Prof. Anatomy.
THOMAS HUN, M.D., Prof. Institutes of Medicine.
AMOS DEAY, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$3 to \$3.50 per week.

Aug. 11—4w

ALDEN MARCH, M.D., President of Faculty.
J. H. ARMSBY, M.D., Registrar.

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UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—epif

NEW HAMPSHIRE MEDICAL INSTITUTION.

The annual course of Lectures in this Institution will commence on Thursday, the 5th of August next, and continue three months.

DIXIE CROSBY, M.D., Professor of Surgery, Obstetrics, and Diseases of Women and Children.

EDWARD E. FUELFS, M.D., Lecturer on Materia Medica, Medical Jurisprudence, and Medical Botany.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

JOSEPH ROBY, M.D., Professor of the Theory and Practice of Medicine and Pathological Anatomy.

EDMUND R. PEASLEE, M.D., Lecturer on Anatomy and Physiology.

Expenses for the course of lectures, \$50.00. Graduating, \$18. Matriculating, \$3.00. Board may be had at \$1.33 to \$2.00 per week, and abundant facilities for those who may wish to board themselves. The fees must be paid at the commencement of the term, or notes given with satisfactory security. All operations before the medical class are performed gratis.

Dartmouth College, Hanover, June 15, 1841. Je 23—ta7

By order of the Faculty,
OLIVER P. HUBBARD, Sec'y.

BERKSHIRE MEDICAL INSTITUTION.

The annual course of Lectures will commence the first Thursday, 5th of August, 1841, and continue thirteen weeks. Fee for the whole course of lectures, \$50; fee for those who have attended two courses at any respectable medical school, \$10; graduation fee, \$18; library fee according to the number of books taken. Board, from \$1.50 to \$2.00.

Theory and Practice of Medicine and Obstetrics, by

Principles and Practice of Surgery, by

Anatomy and Physiology, by

General and Special Pathology, by

Materia Medica and Pharmacy, by

Chemistry, Botany, and Natural Philosophy, by

Demonstrator of Anatomy,

Pittsfield, Mass., May, 1841.

Je 9—tL

H. H. CHILDS, M.D.

FRANK H. HAMILTON, M.D.

JAMES MCCLINTOCK, M.D.

ALONZO CLARK, M.D.

M. A. LEE, M.D.

CHESTER DEWEY, M.D.

C. C. CHAFFEE, M.D.

PARKER HALL, Secretary.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 28—1amtMcheoptO

HOMOEOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homoeopathy; Everest on do.; Broacke on do.; Dunsford's Practical Advantages of do.; Dunsford's do. Remedies; Quin's Pharmacopoeia; Simpson's do.; Hahnemann's Organon; Jeane's do. Practice; Jahr's Manual; Herring's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broacke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Croserio, Eustaphieue, Everest, Green, Herring, Des Galdi, &c. Medicine Chests for sale as above. O. C. is agent for the Homoeopathic Examiner, by A. Gerard Hall, published monthly in New York.

My 12—

TO PHYSICIANS.

A PHYSICIAN who has been in practice for the last seven years, in the eastern part of Maine, wishing to change his location for one in the interior of Massachusetts or Connecticut, would purchase, exchange, or what would be more preferable, enter into partnership with one who has been in good practice for a long series of years. Address the editor, post-paid.

Jy 28—4w

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

ABDOMINAL SUPPORTERS.

Dr. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Bozawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

PRIVATE MEDICAL INSTRUCTION.

The subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
GEORGE W. OTIS, JR.

Boston, August 19, 1840.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith. Boston, April 14, 1841. if

A GOOD CHANCE FOR A PHYSICIAN.

PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-buildings, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, post-paid. Jy 14—4m

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foll. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any instrument not in store, obtained to order at three days' notice.

Ap 7—6m

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

The Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.
HARVEY LINDELL, M.D., Professor of Obstetrics, and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.
SAMUEL C. SWOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

THOMAS MILLER, M.D.
Dean of the Faculty.

Washington, May 1, 1841.

My 12—1am: N

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

THE annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.
 GRANVILLE SHARP PATRISON, M.D., Professor of Anatomy.
 JOHN REYSE, M.D., Professor of Theory and Practice of Medicine.
 MARTIN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
 JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

Jy 28—eoptN1

JOHN W. DRAPER,
Secretary to the Faculty.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	ELI IVES, M.D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a moderate expense. Graduation fee, \$15.
 Yale College, New Haven, July 6, 1841.

Jy 14—taep23

CHARLES HOOKER, Secy

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841-42.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
 ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.
 JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.
 J. K. MITCHELL, M.D., Professor of Practice of Medicine.
 THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.
 CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.
 FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Surgery, at the Philadelphia Hospital, throughout the course.

ROBERT M. HUSTON, M.D., Dean of the Faculty

TRUSSES.

THE subscriber continues to manufacture Trusses of every description, at his residence, at No. 24, and stand, opposite 24, No. 305, Washington street, Boston (entrance in Temple Avenue—up stairs). All individuals can see him alone, at any time, at the above place.

J. F. F. manufactures as many as twenty different kinds of trusses, among which are all the different kinds similar to those that the late Mr John Beath, of this city, formerly made, and all others advertised in Boston.

Any kind of trusses repaired at short notice, and made as good as when new.

Ladies wishing for any of these instruments, will be waited upon by Mrs. Foster, at the above place. Mrs. F. has been engaged in the above business for ten years. JAMES F. FOSTER.

I hereby certify that I have, for several years past, been in the use of Mr. Foster's Truss for Inguinal Hernia, and find it to answer every desirable purpose, and consider it far preferable to any other which I have employed.

JAMES THATCHER, M.D.

Plymouth, Nov. 1, 1839.

I hereby certify, that I have known Mr. James F. Foster several years last past, and have frequently employed him in the construction of trusses and other apparatus for my patients, and have always found him ready, capable and faithful, and equal to the occasion for which I have employed him.

Boston, March 10, 1840.

JOHN RANDALL, M.D.

PROLAPSUS UTERI.

THE attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.50.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Dr. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.

Nov 25. 44

A. F. BARTLETT,
Agent for JOHN R. CHAPIN, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, AUGUST 18, 1841.

No. 2.

PRESIDENT HARRISON'S LAST ILLNESS.

[Communicated for the Boston Medical and Surgical Journal.]

THE profession of medicine is singularly situated. When differences occur among its members, there is no power to settle and adjudicate them legally. In all other professions disputation is allowed, until decision is reached, and then its voice is hushed; whilst in medicine cavilling is endless, and old and apparently exploded notions are again and again, like ghostly spirits, aroused from the tombs of the past, and there is no priestly authority found in the profession to exorcise them. Medicine is a true democracy, for all stand upon equal ground; and the only controlling power—the public opinion of the profession, the union of the mass in condemnation of the individual. The body of the profession being the only tribunal, the opinions and practice of its members must be amenable to their praise or censure. The moment these are laid before the profession, they become fair subjects of criticism and debate. If it were otherwise, dangerous opinions might exert an unfortunate influence, and valuable ones not be promptly pressed. We despise that spirit of fault-finding, that sees no fault in anything; but justice requires that we should openly condemn our judgment disapproves.

In the case of our late President, the object was so distinguished, and the case so important, that all eyes were turned with intense interest to his medical attendants; they were viewed as holding a public trust of the dearest character, and should be held answerable to the enlightened of the profession for the proper performance of that trust, according to the approved practice of the profession—as we would hold a public officer responsible for the performance of his duty, according to the settled principles of the public good and political economy. In this light, and inasmuch as they have published a report of the case, making it the property of the profession, we exercise the right, as a humble member, to notice it.

On the 26th of March, the report states, the attendant physician was first called to see the President, and found him “slightly ailing, although not confined to his room.” He complained of having been slightly indisposed for some days, which he attributed to fatigue and anxiety of mind. He had not sent for him to advise, but to inform him of some peculiarities of constitution; that he was subject to neuralgia, and had been dyspeptic, but avoided it of late by attention to diet; “that when sick he always required a very stimulating practice,” &c. General advice was

given, but no medicine. On Saturday, the 27th, at 1, P. M., he was suddenly called to see the President. "Found him in bed;" he told him that "he had been attacked an hour and a half previously with a severe chill." He "prescribed the ordinary remedies, such as mustard to the stomach, heat to the extremities, additional bed-clothing and warm drinks. The re-action was slight, and perspiration readily induced by a gentle diaphoretic draught, tartar emetic, with the spts. Mindereri and diluents." "At 5, P. M. his condition much improved, his skin warm and moist, his thirst allayed; said he was satisfied he should have a good night, and be well in the morning; his pulse was soft, about 75; complained only of slight pain over the right eye, which he considered neuralgic," and for which he declined any remedy. "His tongue being slightly furred, and his bowels not having been moved for two days," he prescribed "R. Mass hydrarg. gr. x.; ext. col. comp. grs. iii. M. Ft. pil. iii.; this being a medicine which he stated always acted kindly."

Sunday, March 28th, at 4, A. M., he was summoned to visit the President; "found that about 12 at night he had been seized with a violent pain over the right brow, and in his right side, from which he still continued to suffer; the pains were intermittent, equally increased by deep inspiration and motion, but not by pressure; contrary to his expectation he had slept but little during the night, none since the onset of the pain; he complained of thirst; his tongue was dry; his mouth clammy; his skin warm and moist; pulse 80, and soft; occasionally great nausea. He attributed his pain to the want of an operation from his bowels, which were uneasy. I ordered enemata, sinapisms, with warmth to the part affected, and gave him a Siedlitz powder. Half past 8—more easy; bowels had been gently moved by the enemata. Ten o'clock, finding the bowels not sufficiently moved by the injection, which caused small, dark, offensive, fluid evacuations, ordered one of the following pills to be given every two hours: R. Hydrarg. chlorid. mit., gr. xij.; pulv. rhei, gr. xv.; camphoræ, gr. vi. M. Ft. pil. No. vi.; and left directions to have cups freely applied to the side, should the pain return in my absence. Upon visiting the President, received the following report. At half past 11 he was very restless; objected to all local applications to his side; applied laudanum to the rectum to remove the unpleasant effects of the injection; gave a pill at 12; pain being increased, at his request applied laudanum to the part; slight chilliness at half past 12, requiring warm applications to the extremities; at two gave the second pill, soon after which he had a dark, small, indurated passage similar to that of the morning. At half past 2 I again saw him; his skin was warmer and drier than it had been; pulse somewhat accelerated; his breathing more hurried; tongue and fauces dry; thirst intense; face a little flushed. Upon examination was satisfied that the lower lobe of the right lung was the seat of pneumonia, complicated with congestion of the liver; but that the acute pain was neuralgic. Continued pills; had cups applied over the side affected; Granville's lotion to the spine and brow. He was relieved very much; although the quantity of blood taken by the cups was very small, he felt the effect of its loss, breaking out into a free perspiration, complaining of nausea, and a sense of faintness. It is proper

to state that my intention, after the examination, was to bleed from the arm ; but, upon witnessing the effect that position had on his pulse, I preferred the cups. Three o'clock, applied a blister over the side, and gave 20 gts. of laudanum, with one of the pills. At 4, finding him much relieved by the laudanum, and not having yet procured a free evacuation, gave him five grains more of calomel, with ten gts. of laudanum, which quieted his stomach, relieved his pain, and he fell into a calm sleep."

The attendant physician then meets Dr. May in consultation. On the 29th, at 7, A. M., the President "somewhat disturbed in his breathing, with a slight dry cough ; had urinated freely, and passed several small, black, fetid stools ; had taken two of the pills, with three grains of calomel ; and on account of his restlessness, three grains of Dover's powder. At this time his pulse was 80, soft ; skin warm and moist ; slight dull pain in his side more permanent ; the bowels not having been freely opened, ordered castor oil and demulcents." At 2 o'clock, pulse 90 ; tongue brown and pointed ; thirst great. Pill of calomel, gr. i. ; ipecac. and pulv. antimon. grs. ii., ordered every two hours, with some drink and nourishment. At 8, P. M., no new symptom but the occurrence of pinkish mucus. "Ordered continuance of pills, with a blister over right hypochondriac, extending to the epigastric." His bowels not having been moved at the next visit, the pills of calomel and ipecac. and rhubarb were renewed until they produced the desired effect, which debilitating him, and the evacuations being likely to continue, a quarter of a grain of opium and camphor were combined with them, a weak brandy-toddy allowed, and nourishment, with fomentations to the abdomen. Symptoms favorable at the next visit ; and wine whey and pills, and infusion of serpentaria and seneca, continued.

On April 1st, incoherence and picking at the bed-clothes having occurred, pulse 80 and soft, other consulting physicians were added ; and when his bowels had not been opened, the calomel, ipecac. and rhubarb pill was resorted to ; and when it had its effect and debilitated him, brandy-toddy, nourishment and broths were allowed. Expectoration of mucus tinged with blood occurred. Light opiates were occasionally combined ; and medicine occasionally discontinued, stimulants alone being given. The pulse, tongue and heat of the body advanced or receded at the different visits. Camphorated mercurial ointment was rubbed over the blistered surface ; spt. Mindererus given, and the seneca and serpentaria infusion continued ; the treatment, to its fatal termination, being purely symptomatic and "*pro re nata*." Under this treatment the good man's life wore on, with remissions and exacerbations, hope and subsequent depression, until life, like an expiring torch, flickered and ceased.

In conclusion, the attendant physician observes—"It will be seen that the disease was not viewed as a case of pure pneumonia ; but as this was the most palpable affection, the term pneumonia afforded a succinct and intelligible answer to the innumerable questions as to the nature of the attack. It was in fact one of our ordinary winter fevers of a low grade, of which pneumonic inflammation, hepatic congestion, and gastro-intestinal irritation, were the prominent traits. No one could be less prepared to resist such an attack than General Harrison. In early life his constitution

had been impaired by hardships and exposure, and of late years by dyspepsia and neuralgia ; exercise, regular hours, simple diet and mental quietude had preserved a frame, by no means robust, to a good old age." The fatigue attendant on his inauguration, and his official duties subsequent thereto, with the constant interruption to which he was exposed, interfered, he thinks, with the healthful operations of his constitution. "Not only his physical and mental energies were strained to the utmost, but his feelings were often subjected to the severest trials. To counteract the injurious influence of such a mode of life, the greatest care and prudence would have scarcely sufficed, and unfortunately the President did not secure to himself the rest necessary to sustain his strength. He had scarcely enjoyed one night of comfortable repose since his inauguration, and even at his meals was not free from the distraction of company. Under these circumstances the fatal result of his disease was not so much a matter of surprise as of regret."

In taking a cursory view of this report, the first idea that presents itself is the evident yielding of the practitioner to the patient, as evinced in these expressions, that occur in the report—"that when sick, he always required a very stimulating practice ;" "complained only of a slight pain over the right eye, which he considered neuralgic ; and which he thought, from his own experience, would subside in a few hours, and therefore declined using any remedy for it ;" "this being a medicine which he stated always acted kindly ;" "he attributed his pain to the want of an operation from his bowels," &c. In fact, the subsequent treatment is so much in accordance with these opinions of his constitutional peculiarities, that it has the appearance of being somewhat influenced by it. For ourselves, in opposition to the maxim of "every man his own physician or a fool at forty," we hold that no one is a proper judge in his own case. Inclination or prejudice, more often than reason, directs our judgment when applied to ourselves. The very nature of the case produces the difficulty : internal impressions are subtle ; too much or little importance is attached to them usually by the sufferer ; alarm, the excitement of pain, and the consequent disturbance of mind, serve of themselves to unfit the patient for judgment of any species, much less to reason upon his own case. And even in a wider sense, his judgment of his constitutional habits and idiosyncrasies is not always to be trusted ; for that to "know ourselves is the most difficult of all knowledge," is equally the truth, applied to physiological as to intellectual phenomena. The business of the physician is to judge, to decide, and then to act ; and though he should avail himself of all the information in the power of the patient to afford, and give it the consideration it is worth, his decision is arbitrary and final ; he is not bound to consult the wishes or suit his opinion to that of the patient ; for if so, "Othello's occupation's gone"—it is no longer the physician, but the patient, who practises. We should not have alluded to this, at such length, were we not convinced that it is too common a fault in the profession, and that popularity is often sought by it, at the expense of duty ; and for the more especial reason, that the physician attendant seems to state the fact "that the President informed him he always required a very stimulating practice when sick," thus early in the report, to prepare the

reader's mind for the development of the report, and to show that he acted by authority.

In glancing the eye over the report, we cannot see the particular object of the treatment, unless it was to affect the system with mercurials. But if such were the case, it does not seem to have been consistently carried out; for they were discontinued occasionally, and not uniformly so combined, or in such quantities, as to have expedited that effect. It is pleasant, in the report of a case, to see some clear and well-defined idea in the reporter's mind of the exact character of the disease, and to find the treatment, subsequently pursued, possess fitness and purpose. This pleasure, which simulates medicine to the exact sciences, will be afforded to but few by the perusal of the report before us; in vain will he turn over its pages to see why all that was done, *was* done, unless he be satisfied with the solution, that the comfort of the President, and the palliation of every unpleasant symptom that might occur, was alone the duty and purpose of the physician. Pills were given when the bowels had not been opened, and discontinued when they were. Brandy-toddy was given and nourishment when he felt debilitated by the action of the medicine, and dispensed with to resume the medicine, when sufficiently stimulated. Opium was given in homœopathic doses when he was restless, or his operations too frequent, or he complained of pain, and laid aside for remedies that tended to arouse it again. In fact, the treatment seems to have had no decided character, to have been purely symptomatic, directed merely to the relief of the momentary difficulty, and not to the subjection of the disease; and this seems to have arisen from their fear of the age of the patient, and that ancient bug-bear in the profession, debility. They were too solicitous about supporting the strength, and added fuel to the fire they were called to extinguish. The very name and character of the disease was a matter of doubt, apparently, until the report had been revised; and on revision, so unsuited was the treatment to what is ordinarily termed pneumonia, there was an absolute necessity for hauling down the standard under which he had fought, and rearing another, to come off with any show of honor.

There is the most marked minuteness in certain portions of the report, particularly about details very unimportant, whilst the condition of the lungs is passed over with the simple expression, "on examination, was satisfied that the lower lobe of the right lung was the seat of pneumonia." Nothing more is mentioned; the reasons of this opinion, the sounds of the chest, other physical signs, and the progress of the affection in the lung, are not stated, the whole subject being passed aside, with the exception of the occasional mention of the cough and expectoration. Such an oversight in the report scarcely accords with the enlightenment of the profession, or that scrupulous particularity in watching and noting the important features of the disease, that the distinguished victim was entitled to. "It is proper to state," he remarks (after having said the President was very much relieved; and though the quantity of blood taken by the cups was very small, he felt the effect of its loss, breaking out into a free perspiration, complaining of nausea and a sense of faintness), "that my intention, after the examination, was to bleed from the arm; but upon

witnessing the effect that position had on his pulse, &c., I preferred the cups." We can scarcely understand this; he does not say what effect position had on his pulse, and gives as a reason for not carrying out his intention, at which the very phrase seems conscience-stricken, no reason at all, and a &c., unless we consider the last words of the sentence, "he preferred the cups," as such. This case is an anomaly:—a very small quantity of blood, taken by cups, produced faintness and nausea in a full-grown person, free from nervous disability, when but an instant before, the physician felt authorized to take blood from the arm. We do not know whether cups have done more good or evil in the profession of medicine; time has been lost in their trial, and valuable and energetic means deferred till too late whilst trusting to their effect. The physician, to save himself the trouble of bleeding, or to quiet the patient who deems himself too weak to be bled by the lancet, prescribes cups, when perhaps the control of the disease is lost by such a course. The profession, however, seem generally to consider it as a fixed principle, that unless in chronic cases, cups should not be used, or are not deemed effectual, until after depletion by the lancet.

"The term pneumonia," he remarks, "was used because it afforded a succinct and intelligible answer to the numerous inquiries that were made;" but from the report it will be observed, it was not considered a case of pure pneumonia; "it was in fact one of our ordinary winter fevers of a low grade, of which pneumonic inflammation, hepatic congestion, and gastro-intestinal irritation, were the prominent traits." An answer not in accordance with the fact, we should suppose, is neither succinct nor intelligible, properly speaking; it had the effect of misleading the profession, and justly gave rise to that dissatisfaction among its members that exhibited itself in a certain quarter. But although the treatment of the case was not such as is usually pursued in pneumonia, and its termination unlike its ordinary form, the change of its name seems rather an after-thought, and appears as a lame apology, a mere attempt to disarm criticism. To our mind it was a case of insidious pneumonia; the chill, the character of the cough and expectoration, the state of the pulse, &c., according to the attendant physician's own account, with his location of the disease, are sufficient evidence of this. Instead of being in its origin a case of "ordinary winter fever of a low grade," it was a violent inflammatory attack, allowed to rage unchecked in one of the viscera most important to life, until nature, exhausted, sank into the low grade of fever, for the occurrence of which no necessity, in all human probability, existed, had timely and active measures been used, instead of cups, mustard plasters, and a Seidlitz powder. The termination of pneumonia in such a form, under such circumstances, is no novelty; and hence the variety of the disease, termed pneumonia typhoides. The *nursing* we cannot object to, for nothing else does it appear; but certainly it was beneath the dignity of the profession to have employed their talents and attention in those minor offices, which might as well have been attended to by less aspiring and cultivated minds.

A popular author describes pneumonia thus:—"Like other acute affections, it commences with shivering, followed by a hot stage, which is in

general pretty violent, unless in congestive inflammation, when coldness predominates. Pain is not a well-marked symptom in inflammation of the substance of the lungs; the patient complains rather of a tightness in the thorax; when pain exists, it is in general dull, instead of sharp. The cough is dry at the commencement, and continues very distressing and obstinate; the expectoration is scanty, viscid, and discolored from an admixture of blood. The pulse is variable in many respects, and practitioners should be very wary in depending upon it in the confident manner so generally followed, and more particularly in pneumonia, which I have known to go on rapidly to fatal termination, the pulse never exceeding the natural standard. With respect to the heat of skin, I have similar remarks to make, for although in many cases it may be hot and dry, yet in others it is below the natural standard. The tongue soon, in the course of this disease, becomes parched and dark colored; a dry, glossy tongue is always a bad symptom. In very severe forms of pneumonia, particularly when an extensive portion of the lungs is inflamed, and when effusion into the air-passages exists, or in cases accompanied by local congestion, the powers of life quickly give way, accompanied by symptoms usually denominated typhoid. In truth, this form of the disease has obtained the name of pneumonia typhoides. I object to the adjunct typhoides, as expressing erroneous ideas of the pathological condition of the body. Remissions of the complaint sometimes take place, and it is too much the custom at such times, either to omit the necessary remedies, or to be too solicitous about supporting the strength. The only certain test of pneumonia is that derived by auscultation." Under the head of treatment, he says, "the lancet is to be used freely. Even on this side of the Channel, bleeding is not always followed out as it ought to be;" nor on this side of the Atlantic, we should say. "I am persuaded, from experience in treating this disease, and examinations after death, that much more mischief is done by bleeding too little, than by bleeding too much."

In comparing the case of the President, as given by the reporter, with this account of pneumonia taken at random, there is a strong similarity, though that case was one of "ordinary winter fever of a low grade." But in comparing the treatment, we find them diverse as the poles. He attributes the ill success of the French in violent cases of pneumonia, to their "milk and water practice." This epithet, we fear, will be stamped on the report before us. The attendant physician, by way of apology, apparently, for the fatal termination of the case, informs us that the greatest prudence had scarcely preserved to a good old age, a constitution by no means robust, and shattered by early hardships and disease, and that the fatigue prior and subsequent to the inauguration, and the continual interruption to which he was subjected, rendered the termination of his disease rather a subject of regret than surprise. This may serve to satisfy his mind, but not ours, for we differ as to the facts. Who that saw his manly carriage, his rich color, and was acquainted with his frugal and active habits; who that listened to his full, strong voice, even after protracted effort, or beheld his hale old age, would have supposed him the worn-out, broken-down being, weak and decrepid, that is here depicted? From appearances and facts, one would, on the contrary, have adjudged him a constitution like an old

oak, over whose head many storms and winters had passed, but still standing proudly erect, strong and unscathed. Such was the opinion even of his enemies, who saw and heard him; and the contrary was denounced as a political calumny, that died away before the sight and knowledge of the man; and much do we regret to see it revived in this report, with an object apparently not more noble than its original one.

In conclusion, we forbore, for ourselves, to form any opinion until the publication of this report; to have done so, would have been unjust to the physicians who attended the President—in fact, equivalent to judging without the evidence before us. As we have stated, we deem it now as before the profession, and have exercised the right to notice it as a report and as a medical matter, without the slightest unkind feeling or personal thought as to those gentlemen. Our remarks may be too general, considering the limited criticism and authorities to which we have referred, but are not meant as offensive. If the report be defended, we shall feel ourselves bound to answer to the best of our ability and information; and if in error and convinced, will most freely confess it. We may be wrong, and ignorance and presumption may have led us into error; but we have given our opinion candidly, and justly, for what it is worth. To be corrected in it, will be a source of pleasure, rather than mortification. Truth can only be discovered by the agitation of debate.

YELLOW FEVER.

A LETTER ADDRESSED TO WM. INGALLS, JR., M.D., RESIDENT IN LAUREL HILL, WEST FELICIANA, LOUISIANA.

[Communicated for the Boston Medical and Surgical Journal.]

Boston, August 6th, 1841.

MY DEAR DOCTOR,—It is announced in the public prints, that the yellow fever is prevalent in Havana; and, as at former periods, it is not impossible it may make its appearance at New Orleans; and having been informed last summer, by your friend, Mr. Barrow, that the last time the yellow fever prevailed at New Orleans, it extended as far as Bayou Sara, fifteen miles from the place where you reside, and that scarcely an individual attacked with this malady recovered, I am induced to submit for your consideration the mere outlines of the manner in which I treated the disease, supposed to be imported into this city in the ship *Ten Brothers*, in the summer of 1819. To effect this object as briefly as possible, I shall relate the history and treatment of three of the worst cases that came under my care, which recovered.

CASE 1st.—I was called at early dawn to visit E. Shattuck, a grocer. The patient had been laboring under the disease about six hours. This was the most *ardent* case of fever I attended during the season. His eyes were bright and glistening, accompanied with a malignant and stern look; the face flushed, and did not assume the indescribable aspect*

* The appearance of the countenance has been represented to be similar to that of "any person with a florid complexion, during the burning of spirits of wine in a dark room;" to me as unsatisfactory a resemblance, as the highly extolled paintings by Henry Williams, Esq., in the room of the Board of Health; or as the description of the pulse by Dr. Rush, justly entitled to the highly honorable appellation of the American Sydenham.

peculiar to the yellow fever in less ardent cases, until the yellow suffusion made its appearance; the heat pungent and burning; the action of the heart—as indicated by the pulse—rapid, struggling and very irregular, imparting to the touch the sensation of fulness and hardness; and the countenance expressive of great anxiety and distress; pains in the head, back and limbs; the tongue was thick, narrow and pointed, with the borders red, and a white fur in the centre.

Treatment.—The first step taken was to shave the crown of the head; then the application of large linen cloths wet with cold water, fresh from the pump, was made to the head suddenly and repeatedly—this mode of applying cold water was substituted for affusion—until the violence of the action of the heart was, in some measure, abated, when a vesicatory was applied. After the application of cold water, an emetic, composed of six grains of tartrate of antimony, was given, which continued to operate copiously for about four hours; in this—and in most instances—accompanied with dejections. The stools and the matter ejected from the stomach were bilious. As soon as the vomiting ceased, the patient was ordered to make use of, for his common drink, an infusion of one ounce of the leaves of senna, and an equal quantity of balm* (melissa officinalis herba), in a quart of water. The infusion was continued until the discharges became small and assumed a brown color. At this period, which may be considered as the termination of the first stage, a remission took place, that lasted several hours, when the fever returned with aggravated force.

During the remission the patient was allowed to sit in a chair, until he took a cup of tea; and his bed-clothes and bedding, if necessary, were changed. The remission of the fever; the corresponding subsidence of its symptoms; and the consequent tranquillity experienced by the patient, were so great as would be likely to deceive the unwary practitioner. These flattering appearances were soon changed into symptoms of great severity and danger. In this instance a circumstance took place, which determined, with very considerable precision, the duration of the *first stage*. On the second day of my attendance, at 10 o'clock, there occurred a remission, which was announced by hemorrhage from the nose, amounting, according to my best judgment, to a gill. In about half an hour afterwards as much more blood was discharged. I saw the patient at early dawn, say 4 o'clock; from this time to the time the epistaxis happened was thirty hours; to this add the time at which we dated the attack, and it will make the duration of the first stage to be thirty-six hours.

The *second stage* was ushered in by a tense, circumscribed, and excessively tender tumor in the epigastric region, and the return of pernicious dejections.

Treatment.—To counteract the effects of these symptoms, a blistering plaster of four inches by five was applied, and the administration of the infusion of senna and balm resumed, and continued until the tenderness and tumefaction of the stomach subsided, when a slight remission followed.

The *third stage*.—The prominent symptoms of the third stage were a puffy or meteorismic inflation in the hypogastric region, easily compressi-

* The balm is added to render the infusion more palatable.

ble—or, in other words, by no means tense—and but slightly tender when compressed; a cessation of the pulse in the radial artery; a lividness commencing at the fingers and gradually extending upwards to a little above the wrists, and at the toes to a little above the ankles; stomach extremely irritable—rejecting instantly the least particle of liquid; dejections had ceased—the last were small and of a brown color; and the patient lay motionless on his back. The lividity of the extremities remained more than twenty-four hours before it began to disappear; and it was nearly forty-eight hours before a slight fluttering in the pulse was perceived, or the stomach retained liquids. During the convalescence solid food was introduced with great caution.

CASE 2d.—August 29th, Mr. ——— Kimball was taken. He resided in Liberty square. He had been engaged in collecting the “scrapings of the hold of the ship Ten Brothers, and was consequently exposed to the fumes of yellow fever. I visited him at noon, just after Mr. Meriam (who was attended by Dr. Mann, Surgeon in the U. S. Army), with whom he boarded, had expired. He had been indisposed several hours before I saw him. His symptoms at the onset and during the course of the disease were not of so high a grade as in the first case. A similar course of treatment was adopted, with the exception of the application of cold water and the vesicatory. The duration of this stage was conjectured to be about forty-two hours.

The remission, which occurred on the morning of the 31st, lasted from six to eight hours. During this period he sat up in his chair some time, drank a cup of tea, had his bed made up afresh, and was perfectly tranquil till 4 o'clock, P. M., when

The *second stage*, as was anticipated, commenced, attended with symptoms similar to those in the first case; and, of course, a similar mode of cure was pursued.

The *third stage* presented the same phenomena as in the first case, and similar remedies were prescribed. It, perhaps, may be proper to observe, in this case, that the irritability of the stomach was not so great, nor the cessation of the pulse of so long continuance, nor the lividity of the hands and feet of so deep a hue, as in the first and third cases.

CASE 3d.—Sept. 7th, 1819, J. W. was seized with the fever. The source whence the disease originated was not ascertained. His sister was previously attacked with the fever, of which she died. In Mr. W.'s case the several stages of the disease were as well marked as in the first case, and the same course of treatment was observed, with the exception of the application of a vesicatory to the head. In the last stage, when the pulse had ceased to throb, the hands and feet were intensely livid a little above the wrists and ankles, and the stomach became excessively irritable; abstinence from liquids was rigidly enjoined; on my evening visit, however, I found a large pitcher of water was placed on a chair by his bed-side. I expostulated with him and the family for the breach of my express command. His bed was placed in the centre of a large square room, for the purpose of rendering the advantage to be derived from ventilation more complete; and, notwithstanding my positive injunction to abstain altogether from liquids, he took the pitcher and drank a large draught of cold water,

which was instantly rejected with such force as to strike the opposite wall; and notwithstanding my apprehensions, that this indiscretion would render the case desperate, nothing occurred to show that this act was attended with the slightest inconvenience.

[To be continued.]

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY S. D. TOWNSEND, M.D., SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

TENOTOMY.—J. W., aged 35 years, entered the Hospital July 15th, with contracted knee. When five years of age was badly scalded, leaving an eschar extending from the nates on the right side, along the under and outer part of the limb, to the foot. Ever since the accident there has been an ulcer on the back of the leg, over the head of the fibula. About two years ago another ulcer broke out in the old cicatrix, since which time it has continued to spread until it covered a space commencing six inches below the trochanter in the direction of the biceps muscle, to about five inches below the knee. The ulcer was offensive and ill-conditioned, with a raised and jagged edge. For the last six months the limb has been contracting, until it became fixed at a right angle, obliging him to resort to crutches. The knee-joint was not involved in the disease, as the limb could be fully flexed upon the thigh, but not extended beyond the right angle. Latterly his health and strength has failed him, and all attempts to heal the ulcer has been unsuccessful. He came to the Hospital with the intention of submitting to amputation if no relief could be afforded him, but the case did not seem to require so severe an alternative. If the ulceration which existed over the biceps muscle was kept up by the contraction of that of the opposite ham-strings, dividing the tendons would restore the limb to its normal position, and a healthy condition of the ulcer would probably ensue.

With this view of the case, on the 23d of July, I proceeded to the operation in the following manner: The patient was laid upon the operating table upon his face, and extension of the limb kept up by an assistant. The thickened and ulcerated cellular substance was divided for about an inch, until the tendon of the biceps was exposed, this was then divided, and it then became necessary to extend the incision two inches on the outside of the knee, through the hardened and contracted skin, which gave sensible relief to the limb. The popliteal nerve was now fully exposed. The tendons of the semi-tendinosus and membrinosus being the only obstacles remaining to full extension, were divided with the tenotome, by the subcutaneous method. Very little blood was lost during the operation, and no vessel required tying. The cavity made by the operation was filled with scraped lint, and covered by a wet compress. He suffered much during the ensuing evening from spasmodic twitchings of the limb, and it was necessary to give a large opiate to quiet him. For a few days after the operation extension of the limb was attended with much pain, but was relieved by poultices and opiate fomentations.

On the 30th the wound began to granulate; the ulcer continued stationary. To the latter the nitrate of silver was applied, and subsequently the caustic potash, under which treatment it now (August 10) presents a more healthy aspect, while the limb is extended with ease, with a fair prospect of being ultimately useful.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 18, 1841.

YELLOW FEVER AT NEW ORLEANS AND HAVANA.

SINCE the reference which was made last week to this disease, information has been received that several cases have occurred at New Orleans, attended with a fatal termination in one or two instances; but at the Charity Hospital not a patient had been received with it. At Havana the yellow fever is frightfully rife in the shipping. Scarcely a vessel arrives from that port that does not report the melancholy loss of several of the crew by it, and at the latest date nine American vessels were lying there without a man aboard. A sad catalogue of deaths may be anticipated at both places, before that scourge of tropical climates has expended its strength.

Report of the Treatment of the late President Harrison.—A communication appears in the Journal to-day, that will be regarded with attention, it is apprehended by practitioners generally. The circumstance of receiving the manuscript brings to mind an inquiry made some time since by an intelligent gentleman, whether the attending physician's account of the manner of treating the disease of which General Harrison died, was drawn up by himself? Now it cannot very well be concealed, since rumor has taken control of the story, that very many conceive that the scientific supervision of a medical gentleman in Philadelphia was thought quite necessary to give completeness to a report, which had been *roughed out* at Washington, but was thus finished according to modern requirements of literature and science. Some people, it is well known, are not satisfied with relating a discreditable fact, without giving it some important additions which might not be improbable: hence the suggestion that the prescriptions in the medical report were constructed cautiously, under the vigilant supervision of a scholar, some time after the death of the illustrious patient. If we could ascertain the truth of the matter, it would be exceedingly gratifying. Not knowing, with certainty, whether envy or ignorance is at the bottom of these reports, a hope is entertained that those who can, will clear up the mist that now envelopes a matter in which the whole profession feels an interest.

Southern Botanical Medical Journal.—A new semi-monthly, in double large-sized octavo columns, has just commenced existence at Forsyth, Geo., under the editorial direction of the faculty of the *Southern Botanical-Medical College*, a newly incorporated, mongrel institution, located in that place. No. 2, the only one in the series that we have seen, shows

no little intellectual poverty, though not quite equal in this respect to some of its botanical cotemporaries. For example, there is one long article on the discoveries of Baron Haller, who died before any of the present generation were born. The recent discovery of the circulation of the blood, by one Dr. Hervey, of England ought to be in type for the next No. Next follows that old sing-song Jeremiad—the burden of medicine mongers—*mineral poisons*. A sticky comment on Burgundy Pitch, together with a light paper on *butter-fly* weed, and a soporific dissertation on *goose grass*, are the other prominent papers. One of the elite of the reform school, Dr. Wm. H. Fonerden, a professor of botanical theory and practice, has sadly betrayed the interests and dignity of the new College, for which he has been expelled, post haste, and to finish him, the Masonic Lodge, No. 18, of Georgia, expunged him also. The Journal is behind the age, all of two hundred years. If the faculty who are entrusted with its interests can make no better show of talents than this specimen exhibits, they had better dabble in something less adhesive than Burgundy pitch, which is bad stuff to meddle with in dog-days.

Plague and Smallpox.—The plague, which is continually sweeping off multitudes of human beings in some part of the Eastern world, after having expended its force of late in Alexandria, was abating at the last dates, At Cairo, thirty deaths a day had suddenly risen to sixty-five; and yet medical amateurs talk about the non-contagiousness of plague, as speech-makers in the Massachusetts Legislature did of smallpox, a few years since—making it out clearly, to the comprehension of the General Court, that it was real sport to have the smallpox, it was so much milder than moonshine. Still, in the face and eyes of such conclusive forensic reasoning as characterised that particular session, when certain old health laws, as they were called, underwent some beautiful modernising processes, as the spirit of the age required, the smallpox has not failed from that day forth, in this same Commonwealth, to carry more people to the grave in six months, than in the old, but unpopular, regemè, would have died by it in three years.

Superintendent of the New Hampshire Hospital for the Insane.—Geo. Chandler, M.D., for many years assistant physician in the Lunatic Hospital at Worcester, has been appointed Superintendent of the new Institution in New Hampshire. We have a distinct recollection of hearing Dr. Woodward speak of this gentleman as admirably fitted by nature and education for a situation like the one to which he has been elected. Workmen are busily engaged on the new building for the N. Hampshire Institution, which is pleasantly situated in Concord.

Animal Magnetism in Salem.—Notwithstanding the unenviable notoriety of the Collyer farce in Boston, Salem, only fourteen miles distant, is represented to be solemnly impressed with the mighty claims of the wizard. Worse than all, we hear that gentlemen of respectability are actually disgracing themselves by being on a committee to decide upon these claims. If gentlemen of the high professional distinction of Drs. Peirson, Johnson, Treadwell and Choate, of that city, do not open the

eyes of the community to the true character of the lecturer, they certainly will have neglected a duty.

Soldier's Hospital.—Orders were lately received at Savannah for fitting up the barracks in that city, for the reception of the sick soldiers from Florida. From all accounts, the loss of life from the commencement of the Seminole war, has been far greater by disease than by powder and balls.

Asylum for the Insane in Pennsylvania.—We learn from the Medical Examiner that at the last session of the Legislature of Pennsylvania, \$125,000 were given for the purpose of establishing a State Insane Asylum. The Governor has appointed John K. Kane, George Rundle, and John W. Ashmead commissioners for building the asylum, and the following gentlemen trustees: Richard Rush, Dr. George McClellan, John White, for one year. Isaac Collins, Michael W. Ash, C. Wallace Brooks, for two years. Jacob Lex, Dr. R. Dunglison, James Campbell, for three years.

Berkshire Medical Institution.—The twentieth session of the Berkshire Medical Institution opened on Thursday last with the most flattering prospects. From 70 to 75 young gentlemen are now in attendance, and others are daily arriving. There is a prospect of a larger class than has attended for many years. The liberal patronage given to the Institution shows the estimation in which it is held by an enlightened public. The present faculty are men highly distinguished for their attainments in medical science.

Poisoning by Acetate of Lead—Lead found in the Urine.—A young girl of good constitution, driven by despair to suicide, took about an ounce of acetate of lead in solution. She was almost immediately seized with collapse and syncope, and afterwards with vomiting and convulsions. Sugared water, sulphate of magnesia, and sulphate of soda were given, but she died in twenty-five hours. She voided a large quantity of urine, which M. Villeneuve sent to M. Orfila. Carbonized, treated by nitric acid, and submitted to the tests of the salts of lead, this urine afforded a sensible quantity of lead.—*Journal des Connoissances Médico-Chirurgicales.—British and Foreign Med. Review.*

Antimony in the Urine.—At the sitting of the Royal Academy of Medicine, Dec. 8, 1840, M. Husson stated that he had given a scruple of tartar emetic to a patient affected with pneumonia in twenty-four hours. It produced neither stools nor vomiting, and on the urine being examined by M. Orfila, with Marsh's apparatus, it afforded the antimonial stains in great abundance.—*Archives Gén. de Médecine.—Brit. and For. Med. Review.*

Acetic Acid in Headache. By ROBERT HOWARD.—Some years since I was induced to suppose that acetic acid, if properly administered, would prove an efficient remedy for common headache; and on making a trial of it in a severe case, which previously existed many hours, it succeeded completely in a very short time. I have since had many opportunities of

trying it in nervous headache; that arising from disordered stomach; headache following sea-sickness; and the too liberal use of wine. In almost every case in which I have employed it, complete relief has been the result; and that generally in less than two hours, and after three or four draughts.

In those cases in which the stomach is incommoded by offensive matter, it should be evacuated previously to the exhibition of the medicine. I have found that irritating the fauces has answered the purpose much better than giving emetics: in the greater number of cases, however, it will only be necessary to commence by giving—R. Acetic acid. 3j.; compound tincture of cardamoms, simple syrup, of each, 3 ss.; water. 3 x. To be taken every twenty minutes, in the form of draught. One of the above draughts given early on the approach of an attack of headache, has often effectually warded it off.—*Lancet*.

Treatment of Epilepsy by cauterization with Potash.—Dr. Fievee, de Jumond, has published in the *Gazette des Hopitaux*, some cases of epilepsy cured by severe cauterizations, and he invites the attention of practitioners to this measure, which he says he has resorted to successfully a number of times.

It is well known that epilepsy has been cured by the patients falling into the fire and severely burning themselves, and we presume this fact suggested the remedy just noticed, at all events it seems to afford encouragement to try the measure. We shall notice one of Mr. F.'s cases.

M. B., aged 45, strong constitution, has been epileptic for fifteen years. The attacks usually came on two or three times a month, and the patient had ordinarily two in the twelve hours.

Nineteen deep and large cauterizations made with caustic potash on the neck, on each side of the cervical and dorsal vertebæ, in series of four each time and at intervals of six weeks completely cured this long-continued and horrible disease. Three years have elapsed without a single attack to interrupt the security of the patient or the satisfaction of the physician.—*American Journal of the Medical Sciences*.

Fleet Surgeon.—Dr. G. R. B. Horner is ordered from his station at the Naval Asylum, Philadelphia, to the Delaware, to go out as surgeon of the fleet. It is not considered a hardship to be sent to sea by this class of officers, as their compensation is very considerably augmented by being afloat.

MARRIED.—At Charlestown, Mass., Henry Lyon, M.D., to Miss C. M. Thompson daughter of Abraham Thompson, M.D.

DIED.—On board the U. S. Ship *Pennsylvania*, at Norfolk, Va., Dr. John R. Chandler, surgeon in the U. S. A.—In Boston, Dr. Adams Emery, 35, formerly of Exeter, N. H.—At Charleston, S. C., Dr. David Sarzadas, 81.

Number of deaths in Boston for the week ending Aug. 14, 47.—Males, 23; Females, 25. Stillborn, 2. Of consumption, 6—injuries, 1—bowel complaint, 5—fits, 7—teething, 2—jaundice, 1—infantile, 2—lung fever, 1—phthisis, 1—diarrhœa, 1—hooping cough, 1—scarlet fever, 1—typhus fever, 2—cholera infantum, 1—disease of the brain, 2—smallpox, 1—old age, 1—phlebitis purpura, 1—dysentery, 6—chronic hepatitis, 1—cholera morbus, 1.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.

GEORGE C. SHATTUCK, M.D.

JACOB BIGELOW, M.D.

WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.

JOHN RANDALL, M.D.

ENOCH HALE, M.D.

JOHN WARE, M.D.

At the annual meeting of the Committee, July 28, 1841, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

Boston, July 29, 1841.

A. 4—4w

ENOCH HALE, Secretary.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

REGULAR Lectures will commence on the first Monday of November.

ROBERT M. HUSTON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHS, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by

Theory and Practice of Physic, by

Materia Medica and Therapeutics, by

Principles and Practice of Surgery, by

Obstetrics, by

Anatomy and Physiology, by

BENJAMIN SILLIMAN, M.D. LL.D.

ELI IVES, M.D.

WILLIAM TULLY, M.D.

JONATHAN KNIGHT, M.D.

TIMOTHY P. BEERS, M.D.

CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—teap28

CHARLES HOOKER, Sec'y.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, AUGUST 25, 1841.

No. 3.

DISEASES OF THE OVARIA, WITH CASES.

[Communicated for the Boston Medical and Surgical Journal.]

Extract from a Lecture given by PROF. A. TROWBRIDGE, before the Medical Class of the Willoughby University of Lake Erie, 1841.

* * * * * Thus I have given you some interesting and important anatomical and physiological facts in relation to the ovaria, with a history of some of the most important diseases of these organs, and their treatment. As cases of dropsy of the ovaria are very common, and, I believe, but little understood by physicians in general, and as they call for surgical aid, and involve some important practical facts, I will relate a few cases which go to demonstrate what I have brought to your view, and to support the propositions which I contend are correct in practice.

Ovarian dropsy at an advanced stage resembles ascites, and it is difficult to distinguish the two affections. The abdominal enlargement is at first not uniform. It begins on one side, a little above the pubis. The system is disturbed only by its pressure and irritation on the abdominal viscera. The general health at first is but little impaired; no thirst attends, or scanty secretion of urine. If one ovarium only is affected, which is generally the case, there is a catamenial discharge.

In the treatment of ovarian dropsies, bloodletting, mercury, iodine, diuretics, emetics, friction, percussion, and a variety of other remedies, have been recommended, and used by writers, and are found to be of little use. When the distention becomes great, the trocar must be used, and by a repetition of tapping, the life of the patient may be prolonged. To cure, a different course of treatment must be adopted. In support of this opinion I will relate a few cases, with their treatment. I reported a case of ovarian disease, cured by an operation, which was published in the Boston Medical Intelligencer of the 9th of October, 1827, Vol. V., page 337. Soon after the publication of this case, I treated several others successfully, in the same manner, by opening and placing tubes. I would, remark in relation to Mrs. H.'s case reported, that she recovered, and bore a healthy child two years after the treatment referred to.

A similar case was that of Mrs. Fuller, of Jefferson Co. N. Y., who had been a patient of Dr. Goodale for several months previous to my being called. Mrs. F. was a delicate, feeble woman. She had been married about ten years, and gave birth to one child four years after marriage. Three years after this, she discovered a small, hard body within her abdomen, on the left side, above the pubis. At first, it was attended

with no pain, but in twenty months it was enlarged and extended across to the right side, producing a uniformity of enlargement of the lower part of the abdomen. It was now considered a case of dropsy, or ascites, and treated as such. Drastic, cathartic and depleting remedies produced great debility, without diminishing the abdominal enlargement.

In consultation I advised treatment for ovarian disease, or dropsy, by making a free opening and placing a tube. This course was adopted, and about three quarts of fluid were let out. After the tube was placed, a discharge of fluid followed daily for a number of weeks. The enlargement diminished, and was brought to a small compass. Some pain about the opening and feverish excitement of the whole system attended during this process, and finally a small tube was worn for five months, when the parts appeared sound, and she in her usual state of health.

Mrs. Carter, of Jefferson Co., N. Y., aged 27 years, had been married about four years. Two years after marriage, perceived a tumor on her left side over the pubis. Twelve months from its discovery, she became pregnant, and about the fifth month of gestation, I was consulted in her case. She was suffering from great distention of the abdomen, which was uniform; constant pain around the whole abdomen, with chills, followed with fever daily; and was also subjected to the usual symptoms attendant on pregnancy. The history of her case, given by herself and attendant physician, induced me to think her sufferings were occasioned by a sac formed from the ovaria, combined with the enlargement of the uterus from the progress of gestation. I advised an opening, which was made by passing the trocar, in the usual way of tapping, in the left side. About five quarts of fluid were drawn off. This lessened the tension and distress, and gave immediate relief. A tube was then placed, and worn about five weeks, and a constant discharge followed. It was then removed, and she passed on to the usual time, and was delivered of a healthy child. Her recovery from this process was favorable; but a small, hard tumor was discoverable near that portion of the abdomen where it first made its appearance. This remained stationary for about two years. She then became pregnant and gave birth to another child. Soon after this the tumor enlarged and produced a uniform distention of the abdomen. In consultation, I advised tapping, and a discharge of seven quarts of fluid, of a chocolate color, followed. She was attended with symptoms of a morbid state of the parts; chills followed, with fever; great soreness of the parts and tenderness over the abdomen; sickness at the stomach, faintness and emaciation. She continued in this declining state for six weeks, and expired. No examination was made after death.

I was consulted in a case of an unmarried lady, at the age of twenty years, who was supposed by her friends to be pregnant, though they had no ground for their suspicion except her external appearance, which was an enlargement of the abdomen. There was but little derangement of her system, or secretions. Her health was good; but a gradual enlargement of the abdomen had been observed for several months previous to my seeing her. No medical opinion or aid had been obtained. Evident fluctuation was perceptible, and her history of the commencement and progress of the case induced me to believe it was an ovarian dropsy.

The usual remedies for ascites were applied, without giving relief. The trocar was then used, and there was a discharge of about five quarts of fluid. This gave relief for about two months, when an enlargement again took place as before. This confirmed me in the opinion that it was ovarian dropsy. After the tapping, from the circumstance of a hardness being felt over the colon, on the left side of the abdomen, a tenderness was discovered by slight pressure. She consented to an opening, and I made an incision three inches long, beginning at the linea alba, and carrying it in the direction of the oblique abdominal muscles about three inches. After the peritoneum was opened, four quarts of fluid were discharged; no sac or diseased ovaria was found. The whole peritoneal lining of the abdomen, as far as it could be examined, was in a state of chronic inflammation, much thickened, and everywhere covered with small blotches or pimples, resembling distinct smallpox. Here was an entire mistake in her case. It was chronic peritonitis, which had occasioned the effusion of fluid into the cavity of the abdomen. It was a case of ascites, and the enlargement or hardness on the left side of the abdomen was an enlargement of the colon and thickening of its coats. The incision was united by adhesive plasters and secured by bandages, and treatment for chronic peritonitis accomplished a cure. This appeared to be expedited very much by the effects of the incision. A discharge of fluid was kept up for several weeks. She entirely recovered, and went again on service in the domestic business of house-keeping.

I was in consultation with Drs. Miller and Perry, at Lewville, Lewis Co., N. Y., in an interesting case of ovarian dropsy. Miss Chapman, aged 21, first discovered an enlargement on the left side, near the pubis, at the age of 19. It soon extended to the right side, and produced a uniformity of enlargement of the whole abdomen, and suppression of catamenial discharges. Dr. Perry treated her for retention of menses, and finally for ascites. No relief was obtained, but a rapid increase of enlargement of the abdomen, and great feebleness from drastic cathartics and other medicine. Two days before I was called in consultation, her respiration had become so difficult from pressure on the diaphragm, that tapping was recommended by Dr. Miller, and the operation was made by passing a large trocar in the usual place on the linea alba. This instrument was passed its whole length, but no fluid obtained; and this was the cause of my being called in consultation. On meeting the gentlemen, and hearing their history of the case and some remarks made by the patient, I was satisfied her case was ovarian dropsy, and that the failure in the operation to obtain fluid, was owing to the body of the ovary being enlarged and resting against the portion of the abdomen where the trocar was introduced. This I had discovered was a difficulty to be met with in tapping for ovarian dropsy. This is a practical fact, which is of importance to remember when you become practical surgeons. I had supposed the old mode of introducing the trocar on the side between the umbilicus and the anterior superior spinous process of the ileum in all cases of females, was the most safe and proper. This was immediately done in this case, and seven gallons of fluid drawn off. After this her respiration became free, and the parts diseased readily ascertained. A hard body

was discovered under the median line, extending to the left ileum and side. It was a diseased ovarium—ovarian dropsy. Paracentesis relieved her, but this could only be temporary. Submitting the case to time with the usual treatment, would be to obtain a new accumulation of fluid, and cause a repetition of tapping, till the system was prostrated and life terminated. This was explained to the patient and friends, and a course for a more permanent result by opening, removing the membranous formation, placing tubes, &c., was explained; but the palliating course was selected by the patient, and the other was not urged. Several tapplings took place afterwards, and she was attended with a gradual decline till death closed the scene. A post-mortem examination was made by Dr. Miller, and the facts in the case communicated in the following letter.

Lewville, May 26, 1828.

“DR. A. TROWBRIDGE.—Dear Sir—Miss Chapman died on Wednesday last, and the same day I examined her case by dissection. The disease was found to be a dropsical state of the left ovarium. There was no fluid in the cavity of the abdomen, neither do I think there ever had been. The fluid was all contained in a cyst, and whenever she had been operated on to draw off fluid, the puncture had been made through the cavity of the abdomen into the cyst. The cyst containing the fluid was so distended as to fill the whole cavity of the abdomen. There was a slight adhesion of the cyst to the peritoneum a little below the navel, surrounding the spot where the puncture was first made. There was likewise a slight morbid adhesion of the cyst to the omentum over the stomach, which I took to be of recent origin. All the adhesions were easily separated by my fingers, without the assistance of a knife. After I had separated the cyst and brought it to view, I easily raised the whole from the abdomen, held only by the left Fallopian tube. After dividing this the tumor was separated from the body, and I had a fair chance to examine it. The cyst was in a collapsed state, as there had been for a week before she died about two or three pints of fluid discharged every day from the opening, attended with much fœtor. The cyst embraced three distinct tumors, besides a distinct cavity from whence we drew so much water. In this cavity was deposited, at this time, three pints of fluid, and pus or sanies. One of the tumors, the largest, lay near the point first tapped, the one so distinctly felt when you were here. It was irregular in its shape, and would weigh nearly three pounds. This tumor had a healthy appearance, but resembling a fungous growth. There was another tumor a little below the navel, about as large as a goose-egg. This looked like the ovarium itself in an enlarged state. On opening it a number of vessels were found, containing a transparent fluid. It was this which was wounded and caused some hemorrhage at the time I attempted to draw water, prior to the time you was called in counsel. These, with other small tumors, were enveloped within the membrane surrounding the whole. It appeared as if the ovaria had been ruptured, and these distinct tumors were fragments detached from each other, and lining organized bodies of a fungous growth. The tumor below the navel, which had been wounded, was

morbid in part, and most of the purulent matter, I think, came from that tumor and the internal surface of the cyst adjacent.

"I have now no doubt a surgical operation in season would have saved our patient. All that would have been necessary would have been to make an incision large enough to ligate the Fallopian tube and remove the cyst with its contents. It would have been unnecessary to use a knife within the abdomen, except to cut the Fallopian tube. Had you seen the dissection, I think you would have felt as I did, and lamented very much that an operation had not been performed. All the chylopoietic viscera were healthy, and I think there could not have been more circumstances combined to have rendered your proposed operation successful.

Respectfully yours,

A. MILLER."

I was consulted in the case of Miss Whitney, in Ohio. She was 49 years old. She had been diseased in the abdomen thirty-two years, and various opinions and treatment had been given her during this time. A great and uniform distension of the abdomen attended her during the latter part of this time, with much difficulty in sleeping in a recumbent posture. The secretions of her system with its healthy actions, had been but little interrupted or deranged. She suffered much two months before her death by gastric irritation, difficulty of retaining food, &c. A medical consultation was held, and paracentesis resolved upon. This was made by passing a lancet and tube into the abdomen through the linea alba, and three quarts of fluid abstracted. It was called pus, but was of the color and consistence of whey, mixed with chocolate, and emitted much stench. No diminution of the enlargement followed, nor could there be any produced by compression. She expired in a few days after this operation.

Post-mortem examination, fourteen hours after death, developed the following appearances. The body extremely emaciated; a very uniform enlarged abdomen, solid and incompressible. On dividing the integuments, muscle and peritoneum, the last was found adhering firmly to a cartilaginous body or sac of one quarter of an inch in thickness, and in some places it was half an inch thick and partly made up of bone, so firm that no impression could be made upon it with a knife. This sac occupied the whole of the right side of the abdomen and part of the left. It had pressed the viscera of the abdomen to the left side of the spine, except the right kidney, uterus and bladder, which were found in their natural state and position. The shape and size of the sac were like a ten-gallon keg. On opening it a quantity of fœtid gas escaped, and about five gallons of fluid were taken out of it similar in color and consistence to chocolate; the whole interior of the sac was lined with a deposit, of the consistence of curdled cheese, easily wiped off from a membranous surface, in a state of gangrene. The liver and stomach were pressed into the left side, bounded by the diaphragm above, the morbid sac over the spine, and the bowels below. The diaphragm of the right side, the cervix portion of the liver, the duodenum, some portions of the omentum and the surface of many portions of the bowels adhered firmly to the sac. All the compressed viscera were diminished in size. The whole extent of the colon was so small that it was difficult to trace it out in the dissection.

The liver appeared to be sound, but of little more than half its natural size. Death and gangrene had pervaded the whole of this sac, and to the peritoneal lining which adhered to it. Its long pressure upon the transverse muscles on the right side had produced a changed state and thickening of these parts, which corresponded to the state of the ovarium and Fallopian tube on this side, which was in an enlarged and scirrhus state, and formed one enlarged mass, and now in a gangrenous state. Distinct tubercular formations were numerous in the cellular and muscular portions over the right side. The body of the uterus was healthy and natural, as well as the left ovarium and Fallopian tube. These, with the bladder, were pressed low into the pelvis.

This was undoubtedly a disease of the fibrous envelope of the right ovarium in the first place. A deposition of fluid took place, similar to what occurs in hydrocele in the male. A tumor made its appearance above the pubis near the median line to which it afterwards approached, and increased in size, till it produced a uniform enlargement of the abdomen. An obscure chronic process in time thickened and produced a cartilaginous state of the cyst, attended with but little or no pain or tumefaction. In cases of long standing this changes to an osseous state, as does the tunic vaginalis in hydrocele. The dissection in this case proved that it was not the entire organ of the ovarium that was converted into the sac. This organ was found enveloped in the sac, enlarged and scirrhus, and this was probably a secondary affection, occasioned by pressure and congestion from interruption of its functions. The same frequently happens to the testicle in hydrocele, and often the reverse happens with this organ, an accumulation of fluid following a scirrhus state of it. From what I have remarked, you perceive, that the development of the ovaria at the age of puberty, has much to do in producing the changes in the intellectual and physical condition of females, and that it is to changes in its vesicular body, at the time of menstruation, that all the phenomena of that singular process are to be referred; and that it is not to the uterus, but to the ovaria, that we may attribute all the changes in the female pelvis, mammæ and uterine system at puberty. Menstruation does not take place till the ovaria are developed. After the age of 45 or 55, this secretion ceases because the structure of the ovaria has partly disappeared, and their vesicles have shrunk into a thick, opaque cyst. In many cases of disordered menstruation, chlorosis, &c., the uterine appendages are diseased, and when irritation, congestion or inflammation is removed, there is recovery. In puerperal fevers the ovaria are inflamed and their structure often disorganized. Abscesses form and pus is secreted.

And you perceive that the ovaria are subject to cysts and tumors which pass through morbid changes and become cases for surgical treatment. In giving you the few cases which I have very briefly detailed, they may assist you in forming an opinion on these interesting subjects.

* * * * *

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 35.]

REMARKS.—The narrative of the following fatal case is here introduced, as it may, in some measure, serve as a guide in the treatment of this malady.

August 15. Wm. McFarland, a house-carpenter, was attacked. On the Friday previous to the incursion of the fever he was indisposed, and called on me for advice. The arteries of the tunica conjunctiva being turgid, the pulse somewhat accelerated, and the tongue coated, denoted the period of incubation had commenced. These symptoms were so evidently indicative of the approach of the disease, I did not hesitate to advise him to go home, and make use of such remedies as the state of his case required. He was desirous of not relinquishing business till after Saturday, for on that day, as is customary, he wished to pay off his hands, as well as to finish some work he had promised to do. I remonstrated against any delay, as it would greatly lessen the chance of recovery, but without effect. On Sunday I was sent for, and found him laboring under the disease. His head was shaved, and cold water applied in the usual manner, at various times in the course of the day, until it had the effect of inducing a rigor. Being apprehensive this result might prove to be disastrous, recourse was had to such remedies as were calculated to produce most speedily a re-action. It did not appear, however, that the course of the fever was much disturbed by the occurrence. Mr. McFarland was sick in the upper room of a house in a block of buildings, and his wife, who was taken on the 14th, lodged in a lower room of the adjoining house. He rose on the night of the 17th, descended two flights of stairs, went out of doors, entered the room where Mrs. McFarland lay, and encamped on the floor. Thus, there was an interruption in the continuity of treatment, which is considered essential to the cure. On the fifth day, the powers of life being much prostrated, I procured a bottle of claret wine of a superior vintage, and permitted the patient to drink of it *ad libitum*. It was about 3 o'clock when he began to drink of the wine. At that time he sat up in a chair and conversed with me some time; his intellectual faculties through the whole course of the disease had not been much impaired. He expired about 6 o'clock. It appeared to me the wine was far from being attended with a beneficial effect. From this case I drew the inference, in two important respects, that the application of cold may be persisted in too long; and that stimulating remedies in the last stage, owing to their being liable to bring on re-action prematurely, should be avoided.

THEORY.—The cause of *yellow fever* produces an inflammation* of the mucous membrane of the stomach, intestines, and the pori biliarii.† That the inflammation partakes, at least in one respect, of the nature of erysipelas,‡ appears from its frequently commencing in one portion of the

* I am aware that Baron Louis says the inner membrane of the biliary ducts was not inflamed; but he has not shown what were the particular tissues that suffered from the action of the contagion, or "cause" of yellow fever.

† Nor can we regard this alteration of the liver—speaking of its paleness—as the product of inflammation.

‡ "Un des caractères non moins remarquable d'erysipéles, et qui lui mérite ce nom, c'est la facilité avec laquelle la phlegmasie se déplace, et tend à gagner en étendue."

alimentary canal, and being alternately diffused over its whole extent, either uniformly, or in successive patches. In confirmation of this position, in many instances in 1798, the first intimation of the approach of the yellow fever was pain in some portion of the digestive tube, to which soon succeeded unequivocal symptoms that it had taken possession of the system. In the course of my practice in the same year, I met with two persons, each of whom complained of pain and tenderness in the iliac region, embracing a spot of an extent just sufficient to cover the region of the cæcum. I told them these affections arose from an inflammation, which was the precursor of the prevalent fever, and that as soon as it extended as far as the stomach, its appropriate symptoms would make their appearance. My prediction was verified. Again, it appears from the anatomical investigations of Baron Louis, in his invaluable work on the yellow fever at Gibraltar, translated by G. C. Shattuck, Jr., M.D., that, at times, the "cause" of the disease acts with unequal energy on the several portions of the digestive canal, and even on different parts of the liver; so that the features of the disease are modified according to its seat, as well as the intensity of the inflammation. The fever does not assume its true character, or proper type, until the inflammation* reach to the mucous membrane of the *pori biliarii*, and excite a secretion of acrid bile, which irritates the already too susceptible membrane of the digestive tube. To remove this source of irritation, I placed my chief dependence on the thorough evacuation of the contents of the stomach and intestines. I did not, however, neglect to employ such adjuvants as might assist in subduing this formidable malady.—I shall now proceed to describe the remedies that were prescribed, in the order in which they were administered.

Cold.—Having found cold applied to the head had a powerful effect in controlling the inordinate action of the heart, this remedy was resorted to in a degree proportioned to the violence of the febrile incursion. In severe cases, the head was shaved, and large cloths wet with cold water were applied suddenly and repeatedly, until an impression was made upon the central organ of circulation, indicated by the diminution of the frequency and irregularity of the pulse. In milder cases the shaving of the head alone was sufficient. In some states of the disease and some states of the patient the application of cold in any form was inexpedient; and, of course, it was not advised.

There is a reciprocal relation between the functions of the liver, heart, lungs and brain through the medium of the nervous system, and that of the circulation. When the function of one of these organs is disturbed, those of the rest suffer in a greater or less degree; and, therefore, the affusion of cold water to the head undoubtedly makes an impression on all the organs above mentioned; but, in this disease, the inordinate action of the heart is moderated mainly by the sedative power the remedy possesses of mitigating the morbid irritability of the tissues concerned in the secretion of bile. The application of cold may be carried so far as to produce a cold fit, a result that should be avoided. The application of

* The reader, if he choose, may substitute the terms, the "cause of fever," or irritability, or any other word, as by the word inflammation I mean merely a morbid state of the tissues diseased.

cold to the head has been recommended, and no doubt, under favorable circumstances, its use has been beneficial; but the difficulty of putting it in practice, will be an obstacle to its being generally adopted.

Cold applied to the chest makes a most powerful impression on the respiratory apparatus, and on the organs of circulation; and, at times, in the last stages of this formidable malady, has arrested its career to a fatal termination. In one case that occurred in 1798, the foundation of recovery was justly attributable to the nurse's throwing cold water on the chest, laid bare, with both hands, from a pail at the bed-side, until she roused the patient from the comatose state into which she was rapidly falling. From this time, re-action gradually took place, and, ultimately, a restoration to health ensued. But in my practice in 1819, it did not appear to me advisable to adopt this remedy in a single instance.

During the prevalence of the yellow fever in the year mentioned in the above paragraph, by the recommendation of Dr. Eustis, afterwards Governor of Massachusetts, I threw several buckets of cold water on two individuals, who were in the last stage of the disease, without the slightest advantage. Dr. Whipple informed me he attended a patient who recovered—he attributed his success to sponging the patient several times a day, all over the surface of the body, with cold water.

[To be continued.]

HOPKINS MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I forward you the proceedings of the Hopkins Medical Association at their annual meeting, which you will please publish, if you deem them of sufficient interest.

Respectfully yours,
S. SHURTLEFF.

The annual meeting of the Hopkins Medical Association was held at the Eagle Tavern, Hartford, Ct., June 10, 1841. The following officers were chosen for the ensuing year:—Amariah Brigham, M.D., *President*; Denison H. Hubbard, M.D., *Vice President*; Simeon Shurtleff, M.D., *Recording Secretary*; George B. Hawley, M.D., *Corresponding Secretary*; Gurdon W. Russell, M.D., *Treasurer*.

No epidemic has been witnessed by any of the members for the last four months. Several cases were reported, some of pneumonia, which were of particular interest from their peculiar manifestation. Dr. Alfred Kellogg read a dissertation on the subject of gout and rheumatism.

The technical terms arthrosis, arthrosis and arthritis (Dr. K. remarked), when applied to gout and rheumatism, are neither of them comprehensive enough. They imply that the joints only are the parts affected; but this is erroneous, for the disease does not always commence in those parts, and is not always confined to them.

The terms gout and rheumatism have been used in a vague and indefinite manner, not only by common people, but even by physicians themselves. The line of demarcation between them is difficult to be drawn, and has been drawn differently by different authors, and might as well, in

my opinion, have never been drawn at all. Gout and rheumatism are essentially the same disease ; they attack the same tissues, their symptoms and terminations are similar, and they are generally cured or relieved by the same remedies. It is the height of absurdity to consider inflammation of the fibrous parts connected with the joint of the great toe, as constituting one disease ; and inflammation characterized by traits precisely similar, affecting the fibrous parts connected with any other joint in the body, as constituting a different disease.

There appears to exist in the human constitution, a predisposition, or greater proneness, to some particular disease than to any other. It appears also to be a fact, that some particular condition of the system favors the development of some particular disease more than it does that of any other. This particular condition of the system has been designated by the term diathesis. The liability, therefore, to rheumatic inflammation, and the peculiar form and intensity of the disease, would seem to be in the compound ratio of the predisposition, the diathesis, and the exciting causes. When this species of inflammation primarily attacks a person of uncommon vigor of constitution, it seems to have a particular determination to, and spends its fury principally upon, the inferior portion of the lower extremities. This form of the disease is usually denominated gout. But if the constitution be less vigorous, or the predisposition or the diathesis less remarkable, then the larger articulations and all the other parts of the body susceptible of the disease, become the seat of it. This is the form usually styled rheumatism. When accompanied with active fever, tumefaction, heat and redness, it is denominated acute or inflammatory rheumatism ; but when these symptoms are not present, it is called chronic rheumatism.

The predisposition to gout and rheumatism exists, apparently, in different degrees in different subjects. A man in whom the predisposition is not very great, may therefore so successfully avoid the diathesis essential to the disease, that he may never experience a single paroxysm, during the course of a long life. This seems probable from the fact, that some individuals have for a series of years pursued a course of industry and temperance, and were strangers to the disease ; but afterwards, on abandoning themselves to luxury and indolence, they soon became its victims. On the other hand, where the predisposition to the disease is very strong, it may be very difficult in some cases, even where the strictest rules of temperance are observed, to prevent its development. In such cases I apprehend the appetite for food will be found to be very strong, the powers of digestion and assimilation perfect, and the system naturally inclined to run into plethora, without any abuse of the good things of this life. There are some individuals in whom the predisposition to gout and rheumatism appears to be wholly wanting, inasmuch as, in regard to them, the most powerful exciting causes have never been able to produce it. They may have been addicted for a long time to the immoderate use of fermented and spirituous liquors, as well as of rich and high-seasoned food, and may have lived in ease and idleness, yet they have never experienced either the gnawings of gout or the torments of rheumatism.

The appropriate seat of rheumatic inflammation is said to be the fibrous system, which is understood to include the capsules of the joints, the fibrous

sheaths, the periosteum and other fibrous membranes, the aponeuroses, tendons and ligaments. Some have doubted whether the muscles are ever the seat of true rheumatic inflammation; but in my mind there is no doubt that they are. When there is pain and soreness in the side or back of the neck, with inability to move the head in any direction; what is it but genuine rheumatic inflammation of some of the muscles employed in rotating the head? When there is pain in the chest, frequently shifting its place, with soreness on pressure, attended with some cough and difficulty of breathing, and but little expectoration or febrile excitement, what else is it but a rheumatic affection of the diaphragm or some of the muscles about the parietes of the thorax, employed in respiration? Cases of this kind frequently occur, and may be mistaken for inflammation of the liver or lungs, or incipient consumption, and may be treated as such, when they ought to be considered and treated as mild cases of rheumatism only. But whatever parts of the system are to be considered as most liable to this species of inflammation, it is evident that in some cases, but few of the tissues or organs of the body are able to escape its ravages. The skin is sometimes red, hot and swollen, and the cellular membrane inflamed and its cells filled with serous fluid; occasionally, also, phlebitis makes its appearance, exhibiting the same hard, red, linear, and cord-like elevation of the skin, by which that disease is usually characterized. In a case which I once saw, there was evidently inflammation of the kidneys, attended with hemorrhage, pieces of coagulated blood of a cylindrical form having been discharged with the urine. On account of the peculiar tendency of this disease to metastasis, some parts of the system essential to life, as the pericardium, or heart, or some of the contents of the cranium, or the stomach or bowels, occasionally become involved in the complaint; and whenever this may happen to be the case, it is easy to perceive that rheumatic inflammation may, and we know that it sometimes does, prove fatal. The termination of this malady is seldom in suppuration or gangrene, but usually in resolution or effusion. It has, however, been known to result in the formation of an abscess.

The diathesis essential to the development of this disease consists chiefly, in my view of the subject, in plethora or an undue quantity and morbid quality of the blood, induced by receiving into the stomach and digesting a greater portion of aliment than the real wants of the system demand. The volume of the blood is prematurely increased, its consistence becomes too great, and too much pressure is exerted upon the parietes of its vessels; there is an unnecessary and injurious accumulation of those materials which go to repair the waste of the system, or add to its substance; the delicate machinery of life becomes obstructed, and irritation and disease, either local or constitutional, is the consequence. Nature at length makes an effort to throw off the load by which she is oppressed, and if she perish not in the attempt, and receive no succor from the healing art, ere long finds relief in some critical and copious evacuation from the bowels, the skin, the kidneys or capillary bloodvessels.

It has been said that a free use of fermented liquors has a tendency to produce this disease; and they are considered to be more influential in this respect than even ardent spirits. The opinion is probably correct. But

in what way do they produce this effect? Evidently, I think, by inducing plethora, and that not directly by their narcotic, but remotely by their tonic powers. Pure narcotics do not increase, but, on the contrary, diminish the appetite. Great opium-takers are seldom plethoric, or subject to gout and rheumatism. In Turkey and China, and other eastern countries, where the use of opium is common, and the consumption of fermented and alcoholic liquors and animal food is extremely limited, gout and rheumatism are rare diseases. The exciting causes of this disease are those of many and most other diseases, viz., cold, great fatigue of body or mind, long-continued vigilance, disappointment, grief, and other depressing passions, and the sudden suppression of accustomed evacuations.

In the treatment of this disease I pay but little attention to any imaginary lines of distinction between gout and rheumatism, but am governed solely by the state of my patient's system, and what my own experience and that of others dictates as proper to be done, under existing circumstances. Where the patient is robust, the febrile excitement high, and the pulse full and strong, bloodletting is imperiously demanded, and gives great and permanent relief. In most cases, whether attended with much fever or not, I generally administer some combination of cathartic, diaphoretic and diuretic medicines, or some single medicine capable of producing the same effect, with a view of exciting to increased action, the bowels, the skin, the kidneys and all the organs of secretion at the same time. For this purpose opium, ipecac, antimony, supertartrate and nitrate of potash, pulv. guaiac., rhubarb and sulphur, are employed in various combinations and proportions. The wine of colchicum is an excellent remedy, producing effects similar to those which are produced by a combination of several other articles, viz., catharsis, diaphoresis, diuresis, and mitigation of pain. Cathartics are useful to change the secretions, remove plethora, and improve the quality of the blood. Opium alone, with camphor, or in the form of Dover's powder, is invaluable as an anodyne and sudorific, regard being always paid to the state of the system at the time of its administration. Mercury is particularly useful, both as a cathartic, and as an alterative in obstinate cases. The quinine I do not use till the disease is routed and on the decline. In acute rheumatism after copious bleeding, the vol. tinct. guaiac. in tablespoonful doses, frequently repeated, is said to be extremely efficacious, and in chronic rheumatism almost every person is acquainted with its value. In cases of irritability of the stomach, nausea and vomiting, I apply strong sinapisms to the epigastric region, and give carbonic acid, with the carbonate of soda or ammonia in some aromatic infusion. When there is a sensation of icy coldness in the stomach, strong stimulants, as mustard, capsicum, vol. tinct. guaiac., alcohol ammoniac., &c., should be administered. In regard to local applications, where the heat of the part is greater than natural, it should be reduced by evaporating lotions, or cold affusion; but where there is a morbid paleness and coldness of the parts, warm and stimulating applications should be made, viz., liniments, sinapisms, blisters, friction, silk, wool or cotton, and essential oils dissolved in alcohol, or mixed with the oil of olives; and in some cases of sciatica and lumbago which have become obstinate and unyielding, let us not forget that scarification and cupping, succeeded by blisters or issues, are worthy of serious consideration.

ORTHOPEDIC SURGERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An abusive communication of me and the Orthopedic Institution appeared in your Journal of yesterday, signed by Thos. Chadbourne, of Concord, N. H. I know nothing of Dr. Chadbourne except that he put a young lady, *a relative of his*, under my care, for which he has never paid me. When she returned home, I made a present to Dr. Chadbourne of some part of the apparatus that she used while under my care, and gave measures and directions so that he could have other parts made. The abusive communication in your Journal, I suppose, is the gratitude he returns. At any rate I shall take no further notice of him.

Boston, Aug. 13, 1841.

J. B. BROWN.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 25, 1841.

AMERICAN SOCIETY OF DENTAL SURGEONS.

A session of this new and important Society has lately been held at Baltimore. The next meeting is to be held in Boston, on the third Tuesday of July, 1842. This is agreeable intelligence, as we have taken peculiar interest in the transactions of the Association, from a conviction that its influence would give character to the dental profession in this country, and purge the States, in the end, of a legion of itinerant, half-taught, or untaught dentists, who have made toothless or severely injured many of the unfortunate subjects of their unhandy, unscientific manipulations. For the very kind but unmerited resolution of the Association, respecting this Journal, which was communicated to the editor by our respected friend, Dr. Harris, we return our grateful acknowledgments.

American Medical Library and Intelligencer.—A new series of this work was commenced on the 1st of July, and is to make its appearance monthly, at the moderate price of five dollars a year—just half the former cost. Having no envious feelings to indulge, in regard to the circulation of medical periodicals, every effort to disseminate light and knowledge, especially that which so nearly concerns the comfort and happiness of the great family of man, as correct principles in medicine, by the multiplication of new Journals or the improvement of old ones, is a source of unfeigned delight. The world is quite large enough for us all—and we most heartily, therefore, welcome our friend, Dr. Dunglison, with the new series—hoping that its success may equal the merits of the learned editor.

Calisthenic Exercises.—A refined civilization is unfortunately accompanied by various forms of physical deterioration, for which it is one of the special objects of science to provide a remedy. People of advanced age, who do not trouble themselves to philosophize on whatever strikes them as a departure from the common appearance of every-day things,

never heard, in their youth, of curved spines, distorted shoulders, or any other unsymmetrical derangement of the frame-work of the body, which are so characteristic of the present age, that institutions are exclusively devoted to their correction. Experience shows, too, that they are exceedingly necessary, and they have been, therefore, well sustained by the intelligent public, and always sanctioned by the medical profession. Very recently, Mrs. Hawley, formerly Madame Beaujeu, of England, has commenced a series of calisthenic exercises for young misses in this city, which are recognized by very distinguished physicians of Philadelphia, New York and Boston, as worthy of the patronage of parents. It is unnecessary to enlarge upon the value of exercise for young ladies in a crowded city. Those who will take the pains to inspect Mrs. Hawley's hall, corner of Bromfield and Tremont streets, will be satisfied of the utility of her system. With a view of bringing the subject before the profession of Boston and its neighborhood, that they may avail themselves of the curative means which judicious calisthenic exercises promise in many conditions of a debilitated system, particularly in young girls, we are desirous of directing their attention to this lady's qualifications and claims. *

Medical Examinations.—Eleven students of medicine have passed an examination for the degree of M.D. at Harvard University, the ensuing commencement. A large number will be admitted the present season, at other institutions, South and West. No wonder the question is asked—where are they all to find practice? There are too many in all the cities, and not enough in many places in the country. It is often a miserable waste of life to keep hoping for that which not more than one in ten has the tact and ability to procure by the practice of physic in cities, viz.—daily bread. Let it be recollected, however, in all places, that industry should be judiciously applied, as success in many cases depends upon a faculty for timing personal efforts.

Coombs's Popular Phrenology.—It will be noticed that the author spells his name differently from the celebrated Edinburgh phrenologist, although pronounced alike. Mr. Frederick Coombs is known for his love of the science, the beauty and value of his cabinet, but principally by several small treatises on that which, to him, is the subject of all subjects, viz.—phrenology. The essay which has elicited these remarks, is a neat little volume, containing exact phrenological measurements of above fifty distinguished and extraordinary personages, of both sexes, &c., together with fifty engravings on wood, illustrative of the author's propositions. There is more of an exhibition of a cultivated literary taste towards the close of the book, than in any of Mr. Coombs's former works. Not coming precisely within the jurisdiction of a medical critique, we must pass it over to the hands of professed phrenologists, by whom it will be appreciated if it has merit.

University of Maryland.—Dr. Samuel Chew, of Baltimore, represented to be a man of fine literary and scientific acquirements, was elected, a few days since, to the chair of materia medica and therapeutics in the University of Maryland, in the place of Dr. S. G. Baker, whose death was greatly deplored by the whole community.

Medical Arrivals from England.—In the steamer Columbia, from Liverpool, which arrived at this port on Thursday morning last, came Dr. A. Jofes; Dr. J. E. Taylor; Dr. Barton; Dr. March, one of the professors in the Albany Medical College; Dr. William Jones and Dr. Stratton, of the British Navy. Dr. R. Spear was landed at Halifax. The celebrated Mr. Charles Lyell, president of the Geological Society, author of an admirable work, well known to the scientific in this country, arrived here two weeks before. He is travelling, at present, in the interior, but is expected to return to Boston early in the autumn, to deliver a course of lectures before the Lowell Institute, at the Odeon.

India Journal of Medicine.—In the October No. of the India Journal, 1840, may be found a re-print of a lecture on malformations and injuries of the uterus, by Dr. A. Trowbridge, of Willoughby University, from the Boston Medical and Surgical Journal. Also an article on the enlargement of the thymus gland, by J. M. Tewksbury, M.D., of Oxford, Me.; together with a paper on the structure, functions and pathology of the spleen, by William Inghalls, M.D., of Boston.

TO CORRESPONDENTS.—We acknowledge the receipt of the following papers, which will have insertion as soon as possible, viz.: An article on Death by Poison; Case of Nymphomania, from Drs. Hor and Sprague; Dr. Hamilton's Surgical Cases; Dr. Shipman's Case of Compound and Comminuted Fracture; Dr. Paine's communication; Justitia; and one from Dr. Davenport, of an unusually interesting character.

Number of deaths in Boston for the week ending Aug. 21, 53.—Males, 28; Females, 25. Stillborn, 1. Of consumption, 10—dysentery, 3—cholera infantum, 3—inflammation of the bowels, 6—lung fever, 2—disease of the heart, 1—bowel complaint, 4—fits, 1—liver complaint, 1—canker in stomach, 1—teething, 2—canker, 1—palsy, 1—cholera morbus, 2—hemorrhage from the bowels, 1—infantile, 1—scarlet fever, 2—dropsy, 1—abscess, 1—accidental, 1—disease of the head, 1—rheumatism, 1—croup, 1—intemperance, 1.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND Session of this Institution will commence on the first Monday of November next. The Faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.
H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.
CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.
THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—1N

THOS. E. BOND, JR., Dean.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
“ on Surgery, by	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city. W. E. HORNER,
Aug. 20, 1841. A 25—4Decl Dean of the Med. Faculty, 263 Chestnut st., Philadelphia.

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
 JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.
 T. ROMEYN BECK, M.D., Prof. Materia Medica.
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Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., *President of Faculty.*
 J. H. ARMSBY, M.D., *Registrar.*

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.	JOHN WARE, M.D.
JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.	

At the annual meeting of the Committee, July 28, 1841, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1836, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

ENOCH HALE, *Secretary.*

Boston, July 29, 1841.

A. 4—4w

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER B. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—epif

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 1, 1841.

No. 4.

CASES OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you think the following cases possess interest, you may publish them.

CASE 1. *Strangulated Entero-epiplocele—Femoral—Operation on the fourth day, and fatal termination.*—Mrs. Elizabeth Craiger, of Rochester, N. Y., æt. 48, was seized, Wednesday, Nov. 4th, 1840, with severe pain in her abdomen, unattended with soreness or tumefaction. No cause could be assigned for this sudden attack, by herself or her physician, a very intelligent and experienced practitioner of this city, Dr. E. W. Armstrong. By a single bleeding and tr. opii the pain was much mitigated. Thursday, Nov. 5th, the attention of Dr. A. was called to a small tumor, low in the left groin, of the size of a hazel-nut, which upon examination he became convinced was a femoral hernia. During the day it was seen by Dr. ———, one of the most intelligent surgeons in this city, and myself, who expressed doubts as to its character, founded upon the following circumstances:—1st. When a girl a similar tumor existed in the groin for several years, which she called a *kernel* (enlarged gland), and was unaccompanied with pain. 2d. She had never seen a hernia or any tumor in this place since that disappeared. 3d. This was not painful or tender, but was very hard and round. 4th. She had been long subject to similar attacks of pain, &c., in the bowels, which had always been called colic, inflammation, cholera morbus, &c., more or less of which had existed during the last two or three weeks. But knowing the obscurity of many cases of femoral hernia, we advised that attempts should be made to reduce it, while it was strictly watched, and if any farther evidence of its being a hernia was obtained, that the operation should not be delayed. Friday, Dr. ——— and myself again saw it, and no change having occurred, our doubts were confirmed. Saturday evening it was seen by Dr. Ellwood alone, who pronounced it a hernia and advised farther attempts at reduction. Sunday morning (8th), at 8 o'clock, I was requested to operate, as its character had now become evident, by a great increase in its size, the pain and tenderness of the tumor, the tenderness of abdomen, and an aggravation of all the signs of strangulation. The patient was now very feeble..

Operation—In presence of Drs. Armstrong, Moore, Dean, Pope, Ford, &c. First incision, crucial. Fat and cellular texture three fourths of an inch; sac containing half a gill of pus; omentum showing minute

points of suppuration; small portions of gut behind omentum, strangulated, dark-colored; omentum considerably adhered; stricture at Gimbernat's ligament. Cut towards pubis. No hæmorrhage; acute pain on cutting stricture; gut reduced easily, but omentum with difficulty, owing to adhesions about the crural ring. Closed wound with two or three sutures. Pain continued to increase after the stricture was cut, extending up to epigastric region; vomiting unabated; no movement of bowels. Died in about 20 hours.

Autopsy, same day.—Omentum adherent to ring and all of lower part of abdomen; adhesions ancient; marks of inflammation extensive over peritoneal surface; no extravasations of blood or pus.

Remarks.—The difficulty of diagnosis was here most worthy of note; and it illustrates the danger of confounding femoral hernia with enlarged glands. It is not certain that an earlier diagnosis would have saved the patient, yet it is possible. I am not the first who has made the mistake; S. Cooper says it "is frequently mistaken for an enlarged gland." Astley Cooper and Gibson state the same. See also Dunglison's Medical Library, Vol. IV., p. 38; and four unfortunate cases are related by Anderson, p. 159. A case, also, not unlike mine in appearance, is reported by Prof. D. Palmer in the Boston Medical and Surgical Journal, Vol. XXI., p. 41, upon which he operated, and it terminated fatally in a few hours. Prof. Palmer thinks it is often exceedingly difficult to decide upon. How many more the *private* registers of surgeons conceal, cannot be told. The tumor was at first, and during its progress, exceedingly *hard*, and not elastic, which most writers have failed to note as one of the diagnostics of *omental* hernia. The progress of this case was much slower than is usual in femoral hernia, and depended upon the fact that the omentum was at first alone concerned, the protrusion of the gut being a later affair. The stricture I divided directly inwards, according to the authority of S. Cooper, Gimbernat, Lawrence, Colles, &c. I believe the chance of cutting the obturator artery, or a knuckle of intestine, suggested by Hey, Liston and others, as too small to deserve attention. I also wish to insist that Gimbernat's ligament was the seat of the stricture, although Sir Astley has declared that "it is never known to be there"—(p. 247, 3d Lond. ed. of Lec.). If, however, by Gimbernat's ligament, Sir Astley means a portion of Poupart's ligament, he is right; *it* is never the seat of stricture. But what Gimbernat described as a portion of Poupart's ligament, and which has received the name of Gimbernat, is in fact a *distinct* ligament, and has been thus correctly described by Hey, by whom it was called "femoral" ligament. It was also so described by Liston in 1819, and by Anderson in 1822; and that such is the fact, careful and repeated dissection has convinced me. It is with this understanding that I describe Gimbernat's ligament as the seat of the stricture; and thus that I explain the difficulty of relieving the stricture in femoral hernia by posture.

CASE II. *Indirect Inguinal Hernia—Omental—Extirpation of Omentum, and Recovery*.—Allen McPherson, of Caledonia, Monroe Co., æt. 39, a farmer; fleshy; temperament sanguine; had hernia five years; has worn a truss, but could not keep it up. Feb. 10th, 1841, it became strangulated. Dr. M——, now deceased, made taxis. Symptoms of

strangulation soon came on, and very large and strong tobacco enemata were employed, which the patient said nearly killed him. I saw him Feb. 16th, at 2 o'clock, A. M., and immediately operated, in presence of Drs. Graham, McNaughton, Edson, Miller, and several others. Tumor very large and elastic, tender; abdomen submits to pressure; bowels not moved in five days. I divided and tied the external pudendal artery; cut and laid back six distinct fasciæ; small amount of serum in sac; omentum dark and firmly adherent to sac on nearly all sides; bands firm (ancient); I tore them up—(Astley Cooper, 3d Lond. ed., p. 229); stricture at external ring; cut directly up; adhesions firm at this point; extirpated omentum, which was greatly enlarged, close to ring; no hæmorrhage; left the stump of omentum *in situ*; closed the wound with sutures, &c., and left the patient in charge of Dr. Graham. He recovered in the usual time.

Remarks.—Had this been a case of intestinal rupture, the time elapsed after strangulation (six days), and the terrible doses of tobacco, must have produced a fatal inflammation. Tobacco enemata, little feared by some, advised guardedly by the Coopers, and abhorred by Liston, are surely safe and proper remedies when no inflammation, but simple *engouement* of the intestine, exists, and more so in omental than intestinal hernia; but when given under other circumstances, it is at the hazard of life and our poor reputation. The quantity, also, is never to exceed that directed by S. Cooper and Gibson; for we venture to teach, contrary to high authority, that it is by virtue of the direct and powerful *stimulation* of tobacco, that it reduces the gut, or rather by the violent peristaltic action which it creates; in the same way tart. ant. operates, and in no other; they *pull in* the hernial protrusion. Those men who talk of *relaxing* tendinous openings, by internal remedies of any kind, say what others have said, and about which they never a moment reasoned; and it seems equally absurd to hold that the inflammation about the stricture can be sufficiently reduced to release the confined viscus, especially by *stimulating* the intestines with tobacco. But if tobacco will relax tendinous openings, like the external abdominal ring, will not *posture* do all that it can do, and infinitely more? If, then, the enemata have stimulated the intestines to active peristaltic motion, announced by the rumbling, &c., you have done all you can or dare do with these articles, and it is rash to persist until the patient is prostrated by the excessive irritation. If he does not die before, he certainly will after, the operation, from inflammation. Six fasciæ are more than even Velpeau ventures to describe; yet we had this number, clear and distinct as sheets of paper, and if our patient had not spurred us, we could have shown as many more—a choice illustration of the folly of vexing the memory of students with a score of fasciæ. Three fasciæ are enough, and more than will always be found, and not a tithe of what may sometimes be demonstrated. The “small amount of serum” is peculiar to omental hernia—(Astley Cooper, 3d Am. ed., Vol. III., p. 31). The omentum was left at the ring, and not reduced, for reasons explained by Astley Cooper (3d Lond. ed., p. 229), when adherent at the neck and enlarged; “remove a large part of the omentum by the knife, and return the remainder to the mouth of the sac to *plug up the open-*

ing." With McPherson it did not succeed; it still comes down large as ever, as is usual after the operation for strangulated hernia. Was Sir Astley's advice based upon speculation or experience? Has any one ever seen a case in which this course prevented the future descent?

CASE III. Strangulated Indirect Inguinal Hernia—Enterocoele—Eleven hours' Strangulation—Operation and Death.—Aaron Sperry, of Chili, Monroe Co., æt. 51; rather fleshy; temperament sanguine. Had indirect inguinal hernia of right side many years, until the canal has become straight, resembling a direct inguinal hernia. June 7th, 1841, became strangulated, and was with much difficulty reduced by two very intelligent surgeons, Wells and Clark, of Chili. 14th, it again became strangulated, and the same gentlemen were called. The patient was bled to syncope; cold applications and taxis were made, and he was directed to chew tobacco and swallow the juice until it produced nausea; injections of castor oil, molasses and water, were followed by considerable stools. The nausea and vomiting continued until next morning (16th), and at 4, A. M., he took tr. op. gtt. lxx. I saw him at 6, A. M.; slight pain; bowels very tender; hernial tumor large, tense and tender; patient inclined to sleep. I immediately operated, in presence of Drs. Wells, Clark, Butterfield, Smith and Green.

Operation.—External incision five inches; tied external pudendal artery; only two distinct fasciæ, namely, the fascia superficialis and the fascia of the cremaster, which latter was unusually thick and inseparable from the sac, and which, as Scarpa has observed, might be mistaken for the sac itself thickened. This being opened, discharged about $\frac{3}{4}$ iij. of serum; intestine (ileum) dark red—containing air alone. The stricture existed in the neck of the sac and the cellular texture investing it, and extended, as usual in old cases, the whole length of the canal. An incision directly upwards, from the external to the internal ring, liberated the gut, and it was easily reduced. When the knife cut the internal ring, the patient complained of intense pain; followed by excessive prostration, cold clammy perspiration, &c. This continuing after he was laid in bed, we gave him tr. op. gtt. xl., which was repeated in an hour. At 3, P. M., Drs. Clark and Wells attending, and the pain with tenderness of bowels not having abated, he was bled $\frac{3}{4}$ xvj., which gave considerable relief, and his symptoms gave promise of recovery, except that his bowels had not moved, notwithstanding he had taken castor oil and other more active cathartics, liberally.

17th. No cathartic operation; bowels more tender; patient rapidly sinking. He died forty-seven hours after the operation, and ten minutes after signing his will. No examination was obtained.

Remarks.—The hernia was not, in this case, strangulated more than eleven hours, yet the peritoneal and intestinal inflammation had attained a fatal height, to which, also, he was particularly predisposed by his sanguine temperament, plethoric habit, and the strangulation of the previous week, from the effects of which he could scarcely have yet recovered. In this case, also, as in the case of Mrs. Craiger, the acute pain produced by cutting the internal ring was evidence that no little inflammation already existed, and it may always be taken as an unfavorable omen. The ten-

dermess of abdomen also was such, previous to the operation, as Sir Astley Cooper would have pronounced dangerous (Vol. III., p. 28 of 3d Am. ed. of Lec.). The existence of stricture through the whole canal, forming a sort of elongated and fibrous tube, is explained by Sir Astley (do. p. 18). This is also another case in which the practice, once recommended by Astley Cooper, Key and Anderson, of cutting *outside* of the sac, would have proved useless; yet the severe pain produced by cutting the peritoneum at the internal ring, proved the soundness of their fears in reference to opening and cutting the sac high up (Anderson, p. 116). The unusual thickness of the cremaster fascia is worthy of note, which has so often been called a thickened sac (Liston, p. 351—S. Cooper, Vol. II., p. 84). The large amount of serum found in the sac is almost peculiar to strangulated intestinal herniæ. That the intestine contained air alone, is not very unusual, yet I do not know by whom it has been noticed. The rings were divided directly *up*, according to Liston, A. and S. Cooper, Gibson, &c.

Yours truly,

Rochester, N. Y., Aug. 14th, 1841.

F. H. HAMILTON.

CASE OF NYMPHOMANIA.

[Communicated for the Boston Medical and Surgical Journal.]

JAN. 18th, 1841, called to visit Miss T., daughter of a farmer, aged 29, of an exceedingly corpulent and plethoric habit; had enjoyed almost uninterrupted health from a child; for a few days she has complained of indisposition; jaundiced skin; confined bowels; scanty urine; hot and dry skin; cold feet; and partial sweating about the breast and head. Found the pulse 115, full; countenance flushed; respiration hurried and irregular; tongue covered with a brown coat, moist; appetite impaired; thirst moderate; slight tenderness at the base of the occiput. Confined chiefly to bed; assumes the supine position; vigilant, restless, morose and taciturn. Twenty ounces of blood abstracted; cath. of jalap, senna and cr. tart.; epispastic to the nucha; gr. j. tart. antim. in solut. every two hours. Did not see the case for three days, during which time the bowels were regulated with comp. cath. pills, the antim. continued, and gr. x. pulv. Dov. at bed-time.

21st. There has been a continuance of most of the symptoms. Face and extremities cool, with large drops of sweat on the forehead; pulse intermitting; bowels inclined to be torpid; exceedingly restless, vigilant and taciturn. Hydragogue cathartic, followed by an opiate.

22d. Bowels regular; pulse very irregular; more restless, with jerking the head backward, and moving the hips and arms suddenly; no answers to interrogatories; rises and sits in a chair occasionally. Comp. pills of rhubarb, followed by tr. opii, tr. camph. and tr. assafetida, *aa* equal parts—a teaspoonful every two hours.

23d. Same symptoms continue, having had a paroxysm of hysteria about midnight, as described by the nurse. Comp. cath. pills, followed by a pill of opium and assafetida every two hours; nitro-muriatic acid bath for the feet, night and morning. Same treatment continued two days.

25th. Pulse variable, with diminished force; a staring, maniacal expression; mute and stubborn; manifests for the first time a strong voluptuous feeling. Treatment suspended, except cold semicupium.

26th. Symptoms of nymphomania indubitable. Her conversation and actions leave no place for doubt in the most careless observer. Used the speculum uteri. Parts easily dilated; os uteri larger than natural; the labiæ tumid and pouting; vaginal mucus abundant; mucous membrane florid, except three denuded patches about one fourth by three fourths of an inch in size, situated about ten lines, within the nymphæ, and parallel to them; orifice of the urethra prominent and very rigid; clitoris about eight lines long, and tumid. Injections of warm soap-suds, followed by a cold solution of acetate of lead; vinum antim. to produce nausea; epis. two and a half by three and a half inches to the nucha. Treatment continued four days.

30th. Vaginal secretion abated; denuded patches more red; clitoris erect and very sensitive; epis. still discharging. Lunar caustic was applied to the os tincæ and to the mucous membrane generally, until its color became a bluish white. On the clitoris *no effect could be produced*. After a thorough washing with soap and water, the caustic was moistened and again assiduously applied for several minutes, without effect. Caustic potassa was now put on, which soon changed the epithelium to a dark-brown color, during which a libidinous feeling was strongly manifested. Antiphlogistic regimen and frequent ablution of the parts with cold water.

Feb. 3d. For three days there has been a gradual amendment. The more disgusting obscenity abated; pulse and appetite nearly natural; bowels regular; occasional mental aberration and self-abhorrence.

17th. Has continued improving; not a symptom remaining referable to nymphomania; made an examination per vaginam; every appearance of modesty existing; sphincter and vagina generally much contracted; lining membrane thickened, but performs its secretion; clitoris retracted and very diminutive; ulcerated places not perceptible.

Her organs of amateness were exceedingly developed. After 23d Jan. to the period of convalescence, none but females were permitted to see her. Up to the present time her health has continued good.

Query.—What occasioned the *immunity of the clitoris*?

Baltimore, Ohio, Aug. 8th, 1841.

HOR & SPRAGUE.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 49.]

EPISPASTICS.—Subsequently to the application of cold water to the head, a blistering plaster was applied of a size sufficient to cover the crown of the head, as in the case of E. S.; but finally, when the shaving of the head, as it afterwards did, had the effect of controlling the action of the heart, the application of cold water to the head and the vesicatory—these remedies being considered merely in the light of adjuvants—were omitted. In one instance, when the disease had continued twenty-four hours before I was called on to prescribe, I directed the head to be shaved and a blister

applied ; but the application of cold water was omitted from the apprehension—so much time had elapsed from the commencement of the attack—there was not energy enough in the vital powers to produce a reaction ; and, therefore, the result might be disastrous. Blisters were applied to the epigastric and hypogastric regions, as will be seen in the sequel.

Emetics, in 1798, were not much used in the yellow fever, owing partly to Dr. Rush's plan of treatment by venesection ; and drastic cathartics—namely, jalap and calomel—taking the precedence of every other method, was, perhaps, the principal reason that other remedies were not duly appreciated, nor submitted to the test of experience ; and partly from the excessive irritability of the stomach occurring soon after the incursion of the fever, in which state the stimulating property of emetics was found to aggravate the disease, and hasten it on to a fatal termination. It is undoubtedly of very great importance to be in possession of a criterion by which we can ascertain when the stomach is in such an irritable condition that the administration of an emetic would be hazardous. With respect to my practice, at any time within six hours from the attack, if there were no nausea, I did not hesitate to have recourse to this mode of depletion. When spontaneous vomiting came on, the patient seldom recovered, and an emetic given at this time, according to the received opinion of the day, would destroy the patient. In the case of Mrs. McFarland, in consequence of her being in the third month of utero-gestation, ipecacuanha was substituted for the tartrate of antimony ; and in the case of Mrs. Bennet, who was in her eighth month, as the symptoms of the disease were of a mild character, this remedy was omitted ; and, as a general rule, it was not ordered when the disease continued more than twenty-four hours. I used to carry with me pills containing two grains each of tartrate of antimony, to prevent the delay that might be occasioned by sending a recipe to the druggist's store. With regard to the dose, I was guided by the circumstances of the case ; sometimes giving a pill every ten minutes till vomiting was produced ; sometimes two pills at first ; if they did not operate in ten minutes, the third was given ; in cases of extreme urgency three were administered at once ; six grains proved to be a sufficient portion in every instance but one.

Ventilation and Cleanliness were from the first vigorously enjoined. The linen and bed-clothes, as soon as they were imbued with excretions, were removed immediately, immersed in water, and washed as soon as possible ; the same instant removal of the alvine and urinary discharges was also ordered. Great care was taken to afford as free circulation of air as circumstances would admit, with the precaution of guarding against exposure to any sudden and great depression of temperature, as it has the tendency to aggravate the symptoms and render the disease more intractable.

Cathartics.—In 1798, cathartics of jalap and calomel—fifteen grains of the former, and ten of the latter—were prescribed ; or other formulæ in which calomel was the active ingredient. Some, however, preferred giving calomel in divided and repeated doses, with the view of inducing ptyalism, which, if attained, would, in their opinion, never fail to effect a

cure ; calomel by some was administered in scruple and even drachm doses. So highly was the remedial power of mercury esteemed, that inunction was made use of, and carried to an illimitable extent. This formidable scourge, indeed, was deemed incapable of withstanding the combined influence of these formulæ. So far are the preparations of quicksilver, when this malady is established, from being productive of advantage, their tendency is evidently deleterious.

[To be continued.]

CASE OF THE LATE SAMUEL BUGBEE, M.D., OF WRENTHAM.

BY EBENEZER STOW, M.D., OF WALPOLE.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 2.—When called to Dr. Bugbee, he gave me a somewhat minute history of his health, for the last eight years ; the amount of which seemed to be, that about seven or eight years ago he became excessively fatigued by walking in the snow, since which he has had occasionally an intermitting pulse, and at times, on exertion, dyspnœa, with occasional starting from sleep. Otherwise, during this time, has enjoyed good health. About six or seven weeks since, his appetite failed him, and he felt an unusual fulness in the abdomen, with tenderness at the epigastrium, and for the last week a constant nausea and occasional retching. With these gastric troubles he has a cough and increased difficulty of breathing on exertion of the muscles of motion or voice. The mind clear ; countenance anxious ; respiration very laborious, particularly on lying down, or speaking ; pulse 112, very weak and irregular ; tongue clean and bowels regular ; urine scanty and high colored. On examining the chest, found it resounded well throughout ; respiratory murmur normal ; the sound of the heart weak and irregular ; the abdomen tense and tender at the epigastrium.

3d. Had a restless night ; great prostration ; dyspnœa urgent ; six dejections.

4th. Has slept from anodyne ; respiration laborious ; lips and neck purple ; pulse 120, weak and intermitting ; abdomen rather more soft ; no appetite ; thirst for cold drink ; extremities cool.

5th. Had a bad night, very little sleep ; dyspnœa urgent ; pulse scarcely perceptible ; extremities cold and moist ; yellow tint of the conjunctiva and skin ; hiccough ; œdema of the feet and legs ; unable, at times, to lie down ; expectorates coagulated blood, ten or twelve sputa in twenty-four hours.

6th. Rested better ; dyspnœa rather less ; lies in bed ; some pain under sternum ; expectorated two ounces of coagula ; extremities warm ; takes very little.

7th. Distressed in night ; took ipecac. and vomited dark-brown fluid, with some mucus ; otherwise same ; takes milk and water ; hiccough gone.

8th to 11th. Much the same, but weaker.

13th. Dyspnœa increased; unable to lie; dulness on percussion beneath right scapula. Gradually sank, and died July 14th, at 10, P. M.

His treatment consisted of venesection, cupping and leeches, at the commencement, with emetics, cathartics and blisters. He took calomel in alterative doses, with nitre and squills. When symptoms of collapse appeared, stimulants were employed externally and internally. During his sickness he had the advice of Drs. Bigelow and Fisher, of Boston, and nearly all the physicians of the vicinity. Drs. E. D. Miller and Foster visited him almost daily during a considerable part of his sickness. Drs. Bigelow and Fisher made a careful examination of the chest by percussion and auscultation, the result of which corresponded with the statement above.

Post-mortem Examination, eighteen hours after Death.—Present, Drs. Brown, E. D. Miller, Phelps, Larkin, Foster, Salisbury and myself. Left breast fuller than right. Thirty ounces of serum, tinged with blood, in the right cavity of the pleura, and twelve in the left. Lungs healthy, large and expansive. Heart enlarged, pale and flabby; weighed twenty-eight ounces, avoirdupois.* When laid on the table, it collapsed so as to lose its form. Its parietes were so much softened as to be friable and easily penetrated by the finger. Stomach contained half a pint of dark-colored fluid, similar to what had been thrown up by vomiting. Mucous membrane red, and towards the pylorus of a dark-brown color. Pyloric orifice indurated. Liver of a light grey, and small in size. Pancreas hardened, and enlarged at the right extremity. Other viscera of the abdomen healthy. Head not examined.

Remarks.—It will be observed that no dulness on percussion was discovered in the præcordial region. This might appear remarkable, but it seems that the lungs, in his case, were large and expansive, so that they overlapped and entirely covered the heart, and the respiratory murmur could be heard directly over that organ. This would, undoubtedly, render the sound by percussion in this region clearer than it otherwise would be. The ramollissement, or softening of the heart, probably contributed as much to the fatal event as the hypertrophy. The extreme embarrassment in the circulation, as indicated by the weak, irregular, and at times almost imperceptible pulse, was probably caused by the first-mentioned affection. The inflamed state of the stomach undoubtedly acted a part in the final prostration of the system.

DR. CHADBOURNE'S REMARKS ON THE ORTHOPEDIC INSTITUTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We read with regret an article which was inserted in a late No. of the Boston Medical and Surgical Journal. We regret that such an article should have found admittance into its pages. The style is bitter and personal, and could have been written only to promote sinister views. The writer, Dr. Chadbourne, we understand has a "Chase Infirmary,"

* The adult heart, in its healthy state, weighs from eight to nine ounces.

at Concord, N. H., for the purpose of applying "Chase's patent Trusses." Probably he wishes to follow in the steps of his "illustrious predecessor" in curing club-feet without dividing tendons. We consider the communication as an exotic transplanted from the South. It says—"Among the advocates of the first plan (i. e. tenotomy) we find some of the first surgeons in this country and Europe, supported probably by the great majority of the medical profession [this would seem to be authority enough to remove the doubts of any one with regard to the two modes of treating club-feet]; while the mechanical practice, as it is by some contemptuously called, finds its most able and almost only advocate [Dr. Chadbourne means to except himself] in the comparatively silent labors of a single individual, Heber Chase, M.D., of Philadelphia." Is this acknowledgment not enough? Dr. Chase against nearly the whole medical profession in this country and in Europe!

Boston, Aug. 16, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 1, 1841.

SURGICAL DISEASES OF INDIA.

THROUGH the kindness of Dr. Corbyn, editor of the *India Journal of the Medical and Physical Sciences*, we have received an elegant volume bearing the following title, viz.: "A Practical Essay on some of the principal Surgical Diseases of India, by F. H. Brett, Esq., &c., &c., Bengal Medical Service," &c. With regard to its typographical execution, the work is equal to the best London specimens of printing, and consequently excels the generality of our American books. There are no better compositors, pressmen or binders in the world than may be found in this country; yet, with a few exceptions, medical books emanating from presses in the United States are cheap affairs, altogether below the standard of mechanical finish in the same class of works from Europe. It ought not to be so, since the profession not only bitterly complains of this, but invariably manifests a disposition to encourage a commendable exhibition of typographical skill. As this, however, is an old subject, for which there is no immediate remedy, since publishers will do as they choose, we shall proceed with a general notice of Mr. Brett's surgical labors.

Of the character of the author, as an operative surgeon, there can be no doubt, since his name is quite common in all the journals of India, which would not happen were he an ordinary man. But distinguished as he is for bold and successful surgery, and known extensively over the wide Anglo-Indian dominions as a life-saving man, the government seem not to appreciate his high talents or his usefulness—and like many other men of superior genius and attainments, he is the target for all the pop-gun envy from Calcutta to Lahore.

In the preface it is said that the confidence of the natives of India, who resort to European hospitals, has been greatly increased by successful surgical operations. It is a common observation in England that operations

on Europeans in India, turn out unfavorably ; but Mr. Brett says this is a decided error. Nothing can be more favorable, when the constitution is well prepared, than the mild and genial season of an Indian spring, during February and March, and wounds then heal rapidly.

There are five hundred and six large octavo pages, illustrated by sixteen plates. The plates which are colored are inimitably fine. Those expressly exhibiting tumors of the face and neck, especially, are painfully correct, and show that Mr. Brett has had formidable diseases to master. Having given a pathological proem, the phenomena and symptoms of inflammation, influence of the nervous system, the effects, remote causes and terminations of inflammation, are considered, followed by judicious observations on ulcerations, and the varieties of mortification and erysipelas. Each one of these articles would be valuable in itself, but they are intended chiefly for an introduction to a class of subjects of peculiar interest, such as the consideration of parasitic growths, simple glandular enlargements, malignant growths, neuroma, osseous tumors, and the general treatment of each. One chapter, sub-divided into three sections, is devoted to the Indian leprosy. Chapter fourth contemplates the diseases of the generative and urinary organs. This is one of the best in the whole book, as there is no aspect of these diseases left unsurveyed. Only a few cases are detailed. This is a fault, since Mr. Brett had a multitude at command, all strongly marked. One of the chief advantages of Dr. Warren's great work on tumors, is based on the narration of cases which were directly under his eye.

On the subject of diseases of the eye, Mr. Brett has bestowed much labor. In India, ophthalmic surgery is unquestionably of much more importance than in this country or in England ; yet it is a well-ascertained fact that the statistics of this particular line of surgery have always been undervalued till within the last quarter of a century.

Finally, autoplasic operations, under the heads of blepharoplastic, Indian rhinoplastic, labioplasic, staphyloraphe and urethro-plastic surgery, bring the book nearly to a close. Many of the notes are as valuable as the text, in point of merit ; and to one residing on this side of the Atlantic, the author's description of a litter for carrying patients on a camel's back, is something quite novel, if not instructive.

Very few of our readers will have an opportunity of examining this valuable work, it not being at all within the scope of any of the publishing houses here to take up a foreign publication that has an origin much beyond the land's end in England. If, however, some of the Philadelphia gentlemen, whose enterprise is the theme of praise with the New-England physicians, would re-print, in a small volume, Mr. Brett's essays on diseases of the generative and urinary organs, in connection with the sections in the fifth chapter, on diseases of the eye, we think it would have a ready sale.

Surgery and medicine are making rapid progress in India. The local government offers considerable encouragement to both, while it embarrasses the movements of those who maintain, by personal exertions, the scientific character of that distant country. On the whole, it is a mystery that the E. India Company, wielding, as it does, the power of an extensive dominion, does not show a more liberal policy towards institutions and men on which their government is actually dependent for its very existence.

Willoughby University, Ohio.—A circular came last week. No essential alteration has been made in the board of faculty or general policy of the medical department since last year. Lectures commence in November, and continue sixteen weeks. There is some obscurity in regard to the description of the edifice devoted to medical instruction. The account stands thus—"The College building is a brick edifice, sixty feet square, three stories high, with a basement—consisting of three lecture rooms; five professors' rooms; a dissecting room one hundred feet by twenty," &c. How is it possible, in a building sixty feet square, to have a dissecting room one hundred feet long—unless it is a spiral?

Maryland Medical and Surgical Journal.—The last No. of this Journal is well stocked with original and selected papers. Under the division of *Retrospective Review*, is a history of Jewish physicians, translated expressly for the Journal, which is creditable to the industry of those who select for its pages. This is the first No. of the second volume. Extracts will be given as opportunity presents.—The editors are desirous that new medical books, pamphlets, circulars, &c., should be sent to them, for notice in their pages; and we take this opportunity of reminding authors and publishers that a compliance with this desire (in the case of the Baltimore as well as other medical journals) will be for the mutual benefit of both parties.

Pennsylvania College.—As usual, the medical department of this College is completely organized, with good and able men, all at their posts. Dr. R. M. Bird has taken the place of the late lamented Dr. Samuel Colhoun. The concerns of the medical department, says the circular, "are under the exclusive control of the medical faculty—a feature of its (the College) government, which is believed will conduce much to the convenience, interests and permanency of the Institution." Examinations for a degree, commence in March; but, unfortunately, we can find no information, in this otherwise satisfactory annual, when the lectures begin. It would be for the future benefit of the College to let the exact time be generally known.

Medical Degrees at Yale College.—Eight young gentlemen were admitted to the degree of M.D. at the late Commencement at New Haven. This is far better than to have conferred one hundred, since the smallness of the number is some evidence of their having passed a proper ordeal. We are out of patience with the rival effort to turn out a large catalogue of graduates, so characteristic of some of the modern schools of medicine. Few and far between, like angels' visits, is vastly better for all concerned.

Foster's Truss Manufactory.—A circular from Mr. J. F. Foster, a truss manufacturer of Boston, who is well recommended by several eminent medical gentlemen of the city, reminds us to apprise the profession, as well as those requiring mechanical assistance in his line, that the testimony of all who have called on him is in favor of his work. All kinds of trusses and abdominal supporters, as the world is, even some of the most unexceptionable patents, may need a trifling alteration, and which can only be effected by one conversant with the mechanism of such instru-

ments, and who also possesses the advantages of a good judgment and long experience.

Female practising Phrenologist.—A Miss L. M. Barnes advertises, in a Boston paper, that she has taken rooms at the Eastern Stage House. Price of a phrenological examination, fifty cents. This is quite sickening. The science itself is not only disgraced by being made the instrument of a petty income to an ignorant, presuming, flippant-tongued female, but she thus brings contempt upon the sex, of whom better things are expected.

New York Medical Gazette.—In the imprint to this work, the name of William C. Roberts, M.D., has been inserted as editor; but in No. 6, his name is wanting—published, however, as before, by Uriah Turner, M.D. We suppose, as a matter of course, that there was a good and sufficient reason for this omission.

The Vapors of Nitrate of Potassa in Asthma.—I have lately met with some cases of asthma, in which great relief was derived from inhaling the vapors arising from the decomposition of nitrate of potassa. The patients, after saturating white paper with a solution of the nitrate, and drying it thoroughly, set it on fire, and, dropping it into some close vessel, inhale the gases evolved by the combustion. A teapot answers well for the purpose, but it is sufficient to drop the ignited paper in a common glass tumbler, applying the mouth to it while it is filled with the vapors. The relief has been manifest in several cases, and in one complete. The subject, a gentleman aged 55 years, had been afflicted with asthma for more than twenty years, the paroxysms of which were marked with all the distress that attends that disease. For five years past he has been exempt from it, and his restoration he attributes entirely to this remedy. He was in the habit of carrying with him, in his pocket-book, paper prepared for the occasion, and of resorting to the fumes whenever he was threatened with an attack.

A lady, of about the same age, has derived great benefit from these inhalations, in the same disease. The paroxysm is always shortened, and greatly mitigated, by a resort to them.

At present, I have a patient under my charge, laboring under a pulmonary affection, one of the most afflicting symptoms in which is dyspnoea. For this he has been inhaling the vapors of the nitrate for some days, and the result is, that he expectorates with more freedom and ease, and his breathing is much improved. In his case the remedy does not promise so much, as there is reason to fear the existence of organic lesions.—Dr. YANDELL, in *Western Med. Jour.*

Tubercles developed by Intermittent Fever.—The development of tubercles, it is well known, is favored by whatever causes impair the healthy tone of the system. Tubercular consumption, for a year or two past, has been more common than usual in some parts of Tennessee, and it is worthy of remark, that intermittent fever also prevailed in those places to an unusual extent during the last two autumns. Visceral obstructions have attended many of these cases of intermittent, rendering the cure difficult,

and where the chills have continued to recur through the winter and following spring, phthisis has been but too frequently the consequence. This, indeed, is now one of the most dreaded of the sequelæ of intermittent fever in that region of country, and increasing the necessity of arresting the disease as early as possible. In a former No. we have spoken of the preparations of iron as adapted to cases of obstinate and protracted chills and fever, removing the anemic condition of the system which attends upon them; and we have now, upon the authority of some of the practitioners of Tennessee, to mention the sulphate of copper as a remedy which has been found superior to the salts of iron in this form of the disease.—*Ibid.*

On the Impropriety of dividing Muscles of the Back in lateral Curvatures of the Spine. By M. BOUVIER.—After numerous experiments, M. Bouvier concludes:—

1. That the section of the sacro-lumbalis, longissimus dorsi, spino-transverse muscles, &c. is not immediately followed by any diminution of spinal curvature.

2. The changes which the curves undergo during the succeeding mechanical treatment are exactly identical with the changes produced by this treatment alone, when it has not been preceded by the section of the muscles.

3. The space of time necessary to obtain these changes is the same whether we have recourse to orthopedic means alone, or practise also section of the muscles.

4. In a word, dorso-lumbar tenotomy has no kind of influence in remedying lateral deviation of the spine, properly so called.

M. Bouvier further concludes: 1. That the majority of lateral curvatures of the spine are not owing to muscular contraction; and, 2. That etiology, pathological anatomy and clinical experiments proscribe the section of the muscles of the back in the treatment of these curvatures.—*Brit. and For. Med. Review, from Gaz. Med.*

Tincture of Aconite in Neuralgic Pains.—The formula for the preparation of this tincture as employed by Mr. Curtis, is that recommended by Dr. Pereira in his "Elements of Materia Medica." The root is collected in the spring, and dried. The tincture is made as follows:—R. Root of aconite, lb. j.; rectified spirit, O iss. Macerate for fourteen days, and strain.—*London Lancet.*

Medical Miscellany.—Dr. Mallory, now a member of Congress, from Virginia, has been notified by his constituents that he *misrepresents* their views and opinions.—Dr. Eldridge, the supposed rogue, well known by various unsuccessful attempts to convict him of high crimes, is finally at liberty again.—A singular disease of cattle has been noticed of late, in Byfield, Mass. Between twenty and thirty have died, but the cause is still unexplained.—Mary Porter died at Philadelphia, week before last, at the age of 104 years.—The long-talked-of Thomsonian convention, with reference to the location and establishment of a new school for teaching their system of medicine, is to meet in Boston on the second Wednesday of September.—Dr. Ruschenberger, of the navy, is about preparing a life

of the late Drs. Morgan and Boyd, of the navy.—M. Louvrier's newly-invented apparatus for instantly straightening a crooked leg, by a sort of *crush*, that overcomes all opposition of bones and muscles in a twinkling, is not at all popular. The patients are very apt to die in getting well, the shock and subsequent inflammation being too much for ordinary flesh and blood.—Smallpox has lately appeared in the north part of Vermont, west of the mountains.—S. H. Dickson, M.D., of Charleston, S. C., has been appointed orator of the Phi Beta Kappa, at Yale, next commencement.—Recent accounts from Havana bring the gratifying intelligence that the yellow fever is abating. A few cases have been announced at New Orleans of late, but, after all, the public health is good, for this season of the year in that place.

Number of deaths in Boston for the week ending Aug. 28, 43.—Males, 23; Females, 20.

Of consumption, 3—infantile, 3—atrophy, 1—dysentery, 7—intemperance, 1—smallpox, 2—dropsy, 1—debility, 2—hemorrhage, 1—teething, 3—marasmus, 1—croup, 1—bowel complaint, 2—scarlet fever, 2—cholera infantum, 2—canker in the bowels, 1—inflammation of the bowels, 1—cancer, 1—typhus fever, 1—canker, 1—drowned, 1—dropsy on the brain. 1.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - - -	Dr. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by - - -	Dr. CHANNING, 10.00
Materia Medica, by - - -	Dr. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by - - -	Dr. HAYWARD, 10.00
Chemistry, by - - -	Dr. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by - - -	DRS. WARR and BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, Dean.

Boston, August 21, 1841.

S 1—optN

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by - - -	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by - - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by - - -	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by - - -	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by - - -	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by - - -	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator, - - -	SUMNER RHOADES, M.D. Geneva.

C. B. COVENTRY, Dean.
JAMES HADLEY, Registrar.

Geneva, August 17, 1841.

S 1—optO

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND Session of this Institution will commence on the first Monday of November next. The Faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.
H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.
CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.
THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841—42.

THE regular Lectures will commence on the first Monday of November.

ROSBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEigs, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been recently added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

THE annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

JOSEPHVILLE S. J. PATRISON, M.D., Professor of Anatomy.

JOHN REAVIS, M.D., Professor of Theory and Practice of Medicine.

MURRAY PINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BIRDFOOD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a SURGICAL CLINIQUE has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Secretary to the Faculty.

Jy 28—eoptN1

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	ELI IVEY, M.D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—tsep28

CHARLES HOOKER, *Sec'y.*

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any Instrument not in store, obtained to order, at three days' notice.

Ap 7—6m

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

May be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 23—1amtMcheoptO

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 8, 1841.

No. 5.

CASES OF COMPOUND FRACTURE OF THE LEG.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following cases of compound fracture of the leg, which you are at liberty to publish if you think them of sufficient interest.

CASE I. *Compound comminuted Fracture of the Leg—Cure.*—Levi Bullock, of the town of Solon, in this county, æt. about 45, of intemperate habits, had his leg caught between a stick of timber and a tree on the 25th of June, 1839. Being alone, and a yoke of oxen attached to the stick, in order to liberate himself he was obliged to drive the cattle along until the end of the stick passed beyond the tree. The consequence was a severe compound comminuted fracture, attended with much laceration of the soft parts. I saw him five hours after the accident. On examination I found a fracture of both bones of the leg; tibia about two inches above the ankle-joint; fibula three inches. The foot was turned off at nearly a right angle with the leg; the upper fragment of the tibia protruding about three inches, was broken obliquely from below upwards and outwards; a piece of bone, comprising half the shaft of the tibia and nearly two inches long, was loosely attached to the lower fragment, which was readily removed with the fingers. Several other small portions of bone were found loose, and removed. The laceration extended from the ankle six inches upwards. The skin and muscles were torn and contused, and the wound filled with dirt and leaves. The patient was prepared in his mind to expect that the limb would be amputated, and when I informed him that I felt it my duty to make an attempt to save it, he very readily acquiesced in any method which I should adopt. After carefully cleansing the wound and removing all extraneous matter, the bones were reduced by making moderate extension and counter-extension; the wound was brought as nearly together as the irregular nature of it would admit, with adhesive straps; Scultetus's bandage was applied, and two splints, well padded, reaching from below the ankle to above the knee, were fastened with strong tapes. The leg was laid upon a pillow of chaff, and ordered to be kept constantly wet with spirits and water. A large anodyne was given, with directions to repeat it if required.

I saw him again on the 27th. The anodynes had kept him comfortable; but little sympathetic fever or pain; some starting of the limb while asleep; not much swelling of the limb. Ordered the limb to be kept wet with spirit and water, and a cathartic of sal. epsom. To continue anodynes *pro re nata*.

July 3d. Dressed the limb. The upper part of the wound had healed by the first intention, to the extent of two inches; the lower portion suppurates profusely. Wound looks well; not much swelling; lower portion of tibia disposed to protrude when the dressings are removed. Re-applied the same kind of dressing, except the adhesive plaster, for which the basilicon ointment and lint were used. Constitutional symptoms not severe; is disposed to delirium when not under the influence of opium; but little fever. Low diet, with cooling laxatives. As I lived some distance from my patient, I could not see him as often as was necessary to dress the limb. The patient's wife was therefore instructed to dress it daily, with as little disturbance as possible, by loosening the splints and removing two or three strips of the bandage.

On the 11th I again saw him; found that he had been very restless, with delirium, and had kicked his leg about and tried to get up, saying it was well. He had but little fever; his pulse were weak and the skin pale, with a sunken countenance, and that wild expression of the eye so peculiar in *delirium tremens*. On examining the limb, found the bone protruding two inches; retraction of the foot; the end of the bone was denuded of its periosteum, was dry, and the point irregular. From these circumstances, and the difficulty of keeping the bone reduced, I determined to saw off a portion of it, to the extent of an inch, which was easily accomplished by passing a strip of cloth over the end of the bone as a retractor, while one assistant held the end of the bone with a strong pair of forceps, and another the upper portion by grasping the leg tightly a little below the knee-joint. The bone was quickly removed with the amputating saw, with very little pain or irritation to the patient. The leg was now straightened, and the end of the bone was easily covered by the soft parts. Basilicon ointment and lint applied over the wound. The bandage of strips was put on, and the same splints as tightly applied as was necessary to keep the bone from getting displaced. The patient was ordered a liberal diet, with a moderate use of whiskey (his accustomed beverage), and opium in sufficient quantities to allay pain and quiet irritation; and as the weather was excessively hot, and the flies were troublesome, to prevent their larvæ from getting under the dressings, currier's oil and spirits of turpentine were applied to a cloth which was spread over the limb, which I found effectually prevented the development of these troublesome insects.

19th. Visited him again; found a great improvement in his general appearance. Has not been delirious since last visit; appetite good; pulse stronger; sleeps well nights; suffers but little pain; has reduced the quantity of opium one half; wound healing fast; suppuration diminishing in quantity; swelling in the limb is subsiding. Apply same dressings.

30th. Patient doing well; wound contracting, and nearly filled with healthy granulations; fibula has united; the limb retains its shape when the dressings are off. Same dressings applied; opium discontinued.

August 7th. Patient doing well; but little suppuration; begins to sit up some; sleeps well, and has a voracious appetite.

16th. Is able to go out upon crutches, with the leg tightly done up.

September 20th. Wound nearly healed, with the exception of a small

orifice, which discharges a very little pus; union of tibia quite firm; can bear his weight on it, yet does not attempt to walk; his general health is good. About the first of November he began to walk upon his limb, and has continued well ever since. He is a poor man and labors hard, and since the accident has obtained as high wages as before. The limb is one inch and a half shorter than the other. Some slight exfoliations took place the first year after the injury, but his leg at this time is sound; and with the exception of the shortening, is as serviceable as the other.

CASE II. Compound Fracture of the Leg—Cure.—On the 4th of July, 1839, I was called to see Wm. Smith, an intemperate man, æt. about 50, who had fallen from the staging of a building upon which he was at work, and fractured his leg. I saw him within two hours after the accident; found both bones broken—tibia about two inches above the ankle-joint, fibula about four; the end of the tibia protruded through a laceration on the inside of the leg. The laceration was four inches in length, and parallel with the bone. The end of the bone which protruded was transverse on the inside, and a small portion of the diameter of the bone on the outside, or next the fibula, was detached and had fallen out. The fractured end of the fibula was transverse, as near as could be ascertained. The periosteum was detached from the extreme end of the protruded bone, to the extent of perhaps one fourth of an inch. I removed one small spicula of bone, which was loose, from the wound. There was no dirt or foreign bodies in the wound, and but little hemorrhage. The limb was a little retracted, and the foot everted. After clearing the wound of coagula, the bones were placed in apposition, and the wound brought accurately together with narrow strips of adhesive plaster. Scultetus's bandage was next applied. Two splints, well padded, were placed upon each side of the limb, which reached above the knee and below the ankle; another thin, narrow splint was laid along the top of the leg, the whole secured by strong tapes, and the leg extended upon a pillow. An anodyne of sulphate of morphia was administered.

5th. Visited him, and found he had rested tolerably through the night and was free from fever. The man being poor, it was thought best to remove him to the County Alms House, and accordingly he was placed upon a bed in a sleigh, and drove the team himself, sitting in a reclining position, the distance of about one mile. I assisted in getting him into his room up stairs, examined his leg to see that the dressings were not deranged, placed the limb upon a pillow, and from that time expected my services would cease, as I was not the attending physician at the Alms House.

I heard no more of the case until the 13th of July, when one of the Superintendents called upon me, and requested my attendance at the Alms House that afternoon, for the purpose of amputating, or to assist in amputating, the patient's leg. On my arrival there I found a number of medical gentlemen present, who on examining the limb differed in opinion as to the propriety of amputation. The physicians of the House were of opinion that from the age and habits of the patient, the state of the weather, and apprehensions of fever, amputation was necessary to save his life. The limb at this time was in the following condition. The leg

lay over the double inclined plane, with the bone protruding through the wound; the bone was dark and dry to the extent of an inch or more; the wound gaped from the swelling of the limb, which was highly inflamed nearly to the knee; some healthy granulations filled the upper part of the wound, and covered the bone to some extent; pus of a healthy character issued from beneath the bone. The foot was everted and fallen over, and there was considerable shortening and retraction of the leg. The constitution sympathized but little with the local difficulty. No fever, appetite good, bowels regular, strength good. He suffered a great deal of pain in the leg, especially when it was moved or a jar communicated to the bed. Three of the surgeons in consultation were of the opinion that it was not necessary to amputate, as there were neither local nor constitutional symptoms demanding it; that an effort should be made to save the limb, and for that purpose the piece of bone which protruded should be removed with the saw, and the bones reduced and kept so until union had taken place.

As the consultation could not agree upon any course of treatment, the medical gentlemen retired, and the two physicians of the Alms House continued to attend upon the patient from day to day, until the 23d of July, ten days after the consultation, when the Superintendents of the poor gave the patient liberty to choose his surgeon, or surgeons, and they should be employed to attend him. On that day I received a summons to attend upon the patient, and do whatever the case required. Accordingly I visited the Alms House, and found the patient in nearly the same state as at the consultation. The foot was, perhaps, a little more displaced, and the protruding bone more dark; the wound had healed more at the upper part, and the constitutional symptoms were not bad. With the exception of pain in the wound, he complained but little. The swollen and inflamed condition of the limb rendered reduction of the bone impracticable; and as it was dead, and that portion could be easily removed by the saw, with the assistance of Dr. Joel R. Carpenter, of Homer, a retractor was placed beneath the bone; an assistant then grasped the point of it with a strong pair of lithotomy forceps and held it firm, another assistant held the leg firmly below the knee, while I quickly removed about an inch of the bone with the amputating saw, including all, as near as I could judge, that had lost its vitality.

Very little pain was experienced from the operation; the limb was placed in an easy position, and the dressing deferred until a suitable apparatus could be prepared. On the 24th, Dr. Ashbel Patterson, of Homer, met me at the Alms House, to assist in dressing the leg. After clearing the wound of pus and the larvæ of flies, who had insinuated themselves in great numbers behind the bone, we placed the bones in apposition without any difficulty, brought the foot back to its relative situation, and the bones in a line with each other; a roller was applied to the foot and ankle as high as the wound, then lint spread with basilicon ointment to the wound, and over that Scultetus's bandage, the strips of which could be easily withdrawn; next a carved splint to fit the outside of the foot and leg, reaching as high as the knee-joint, and well padded; another straight splint, cut away at the part where it passed over the wound, and

by which it could be examined without removing it. These splints were fastened to the foot, ankle, and near the knee, by broad strips of cloth, in such a manner as to produce but little constriction or swelling. By this kind of dressing, the wound could be easily examined and cleansed without deranging the splints or fractured ends of the bones. From this time the wound was dressed daily, and it continued to heal without interruption. The patient expressed himself much relieved. No constitutional disturbance arose to interrupt the cure. The fibula united in about 30 days, so that the limb would preserve its form when the splints were removed; but the tibia was a long time in uniting. Some time in the month of November following, the bones had so far united, and the sore so much healed, that the patient left his bed and went upon crutches. He staid at the Alms House during the winter, improving, and the next spring some exfoliation took place and the bone discharged. After this the leg healed, with the exception of one or two small sinuses which barely admitted the point of a probe. In about a year from the time of the injury, his leg was so strong as to enable him to walk upon it, and it continued improving in strength so that he could do a good day's work upon it and travel with ease. It is, of course, an inch or more less in length than the other.

The strong points of interest in this case, are—Were the symptoms, at the time of consultation, such as to justify a resort to amputation? If not, then what course should have been adopted? Was not the removal of the dead portion of bone indicated to facilitate the reduction of the fracture and progress of the cure? Was it contrary to established authority? Would it have been better and more judicious practice to have allowed the bone to remain protruding until exfoliation had taken place, before an attempt was made to replace it? Was it not important that the fibula was kept in place until union of that bone had taken place? Could the fibula unite properly with the limb thus distorted? These are questions which I submit to the profession, without any comments of my own.

A. B. SHIPMAN, M.D., *President of*
Cortlandville, N. Y., Aug. 17, 1841. the Cortland Med. Soc.

William Benjamin
 DR. CARPENTER'S PHYSIOLOGY VERSUS REVELATION.
By Martin Paine.
 [Communicated to the Boston Medical and Surgical Journal.]

It is my present purpose to show that Dr. Carpenter (whom I have identified as the author of the pretended review of my "Commentaries" in the British and Foreign Medical Review), and the school that maintain the existence of the vital properties in the elements of matter, are necessarily in conflict with Revelation, as with the highest dictates of reason.

"The doctrine," says my reviewer, "which Dr. Carpenter has propounded respecting *vital properties*, and which is essentially the same as that upheld by Dr. Prichard, Dr. Fletcher, Mr. Robertson, and other able writers upon the same side, may be concisely stated as follows:—Certain forms of matter, especially oxygen, hydrogen, carbon and nitrogen, are endowed with properties which do not manifest themselves either in these

elements when uncombined, or in those combinations of them which the chemist effects by *ordinary* means. But they do manifest themselves when they are united into those peculiar compounds which are known as organic, and when these compounds have been submitted to the process which is termed organization. We assert, then, that the very act of organization causes the materials acted on to exhibit properties quite distinct from those ordinarily termed physical and chemical, which properties cannot be caused to manifest themselves in any other way than by the series of operations just described. No one *can say* that the properties do not exist in a *dormant* state because they do not manifest themselves to him." "We argue that they [the vital properties] were as much present in the *elements as any of their other properties*, which only exhibit themselves in certain conditions."—(*Review*, April, 1841, pp. 389, 390.—*My Italics, throughout.*)

And thus Dr. Carpenter, in his "Principles of General and Comparative Physiology," who must abide his own principle of analogy.

"It cannot, then, be logically correct, to speak of vital properties as *superadded* to organized matter, although an apparent analogy has been drawn from physical science in support of the assumption." "If an analogy exist between the two processes, which can scarcely be denied, it leads us to the belief, that *JUST* as the *MAGNETIC POWERS* are developed in *IRON*, when the metallic mass is placed in a condition to manifest them, so the *VERY ACT OF ORGANIZATION* develops *VITAL POWERS* in the tissues which *IT CONSTRUCTS* [!!] For no one can *assert* that there does not exist in *every uncombined particle of matter*, which is capable of being assimilated, the *ability* to exhibit *vital actions*, when placed in the requisite conditions."—(*Carp. Princip.*, p. 137.—1839). The reviewer has the same parallel. Is there the most remote "analogy"?

There occur in my late "Examination" of the foregoing review the following extracts and remarks.

"'But, we take this opportunity,'" says the reviewer, "'of stating that our belief in the general proposition, that 'plants or animals of a high degree of organization are *capable of producing from various parts* of their tissues *beings* corresponding to those of the inferior orders of their kingdoms,' has recently been much strengthened by additional evidence.'"—(*Rev.*, p. 398.) What is the evidence?—See *Comm.*, Vol. 2, p. 130.

"Dr. Carpenter is of the same opinion. Thus:—

"'It appears very difficult, and indeed almost impossible, without some admission of this kind, to account for the production of *parasitic* plants and *animals* in the interior of others. That their *germs* have been conveyed from without into the situations where they are developed, must be held as a very forced supposition,' &c.—(*Carp. Princip.*, p. 395.)

"Suppose it so;—is not the organization of the *parasite* as absolutely *specific* as that of the more complete animal—it may be beast, it may be man? Where, then, must this doctrine conduct our philosophers? *Professions*, in such a case, are nothing; and they are nothing when *God* is confounded with *nature*.—(See *Exam.*, p. 10.) We must look at the inevitable consequence of the *principle*; whilst Dr. Carpenter and the reviewer have also laid the broad foundation, that all the *vital properties*

there are, exist in the elements of matter, and the former goes so far as to say that—'We may believe that there exists in all matter a tendency to become organized' (Carp. Princip., p. 394), and that the elements may be organized by the hand of man'!—(Exam., p. 40.) Compare with Tiedemann's doctrine in *Comm.*, Vol. 2, p. 124."—(Examination, &c., p. 43.)

Doubtless, many will consider my proposition already made out; but there is yet remaining another and *conclusive* demonstration. It is admitted, by our premises, that there is nothing to show the existence of vital properties in the elements of matter, and that they are only manifested when the elements become organized. The right is assumed, however, of maintaining that they do so exist, and that it will not be surrendered till its opponents prove the self-evident absurdity. This postulate, it will be seen in the first place, is subversive of all philosophy, and that La Place, with a far greater show of reason, insisted that the nebular state of the universe, which he supposes (*Exposition du Système du Monde*, l. 5me, c. 6), had the fundamental requisite for the Platonic doctrine of creation,—that is to say, a rotation upon its axis, and thus carried out a fascinating system which lays the foundation of the universe in the principle of spontaneity. La Place thus saw the necessity of avowing atheism, which he did without subterfuge, and with a manly responsibility. We need not, therefore, controvert his nebular doctrine. Our next step is the admitted fact that the phenomena of the vital properties are *sui generis*—that they are not manifested by inorganic matter, but are peculiar to organic. According to our opponents, however, this constituted no proof of the non-existence of the vital properties in the elements of matter, and they therefore rest upon the *assumption* of such existence.

But the manifestations of the *soul* are not more peculiar to man than the phenomena of organic life, and it follows from our premises, by irresistible analogy, that the *soul* must, equally with the vital properties, exist in the elements of matter, and like those properties undergoes development by the organization of the elements; and that our opponents, upon their own ground, must assume this as fact till it can be otherwise demonstrated, and by the same process of inductive philosophy which they require as to the non-existence of the vital properties in the elements of matter. We thus arrive at a proof which no sophistry can invalidate, that the Edinburgh Journal was sound in its conclusion, that Dr. Carpenter has inculcated in his "Principles" the doctrines of infidelity.—(See *Edinburgh Medical and Surgical Journal*, Jan., 1840.) And so, exactly, of my reviewer.

And again, Dr. Carpenter, and my reviewer, maintain that when man dies and is resolved into the elements of matter, his vital properties continue to exist in those elements; and that when these elements become a part of the organization of inferior animals or of plants, his vital properties share the same destiny. It follows, therefore, that the soul must observe the same rule of construction—appearing under the manifestations of instinct in animals, and in plants according to the nature of their organization.

On the contrary, those, who entertain the belief of a Creative Power, and of the immateriality and immortality of the soul, and that it was su-

peradded to man after the creation of his organized structure, as set forth in Revelation, by assuming the truth of this proposition, will find in the foregoing argument a full demonstration that the vital properties must have been equally *superadded* as a distinct creation; since the manifestations of the properties of life are not less various, remarkable, and peculiar to organic beings than those of the soul. The analogy is as good in one case as in the other, and is confirmed by all the evidences of nature. It is a species of analogy, too, rather more to the purposes of philosophy than that which Dr. Carpenter assumes between the development of "magnetic powers" by placing a bar of iron in an erect position, and the development of "vital properties" by the *conversion* of the elements of matter into *organized tissues* (so replete with the highest evidences of design), and then extorting from this extraordinary assumption the conclusion, that the "vital properties" like the "magnetic powers" exist in the elements of matter. Our author cannot, at best, escape from his own logic; and the proof, upon his own ground of a coincident analogy, must be valid, or otherwise, according to the strength of the analogy. The reviewer has exactly the same argument as to the "magnetic powers," and therefore falls under the same category.

Dr. Carpenter, in his defence of himself against the "charges" of the Edinburgh Journal, quotes the opinions of his own school to justify his doctrines. But, why not defend them himself? Why this habitual dependence upon others? Why not take the natural course of the present writer? Those are questions, too, on which something more than the authority of opinion is wanted; nor will Dr. Carpenter longer contend "that to none of their arguments has any formal reply been made." Our author says farther, also, "it will be easy for me, should they [the charges] ever be repeated, to bring forward a body of testimony, which, with those unaccustomed to inquiries of this kind, will weigh more than argument."—(*See British and Foreign Med. Rev. April, 1840.*) Of course, our author will now "bring forward the body of testimony"; but since it is not to possess the merit of "argument," it may be expected that it will not be a reiteration of the opinions of Dr. Prichard, Dr. Fletcher, and Mr. Robertson, which have been already produced by Dr. Carpenter in his "Defence," in his "Principles," and in his review of my "Commentaries."

The late unexampled misrepresentation and injustice with which I have been treated by the British and Foreign, and Medico-Chirurgical Reviews, and which I have exposed in a pamphlet rather than to avail myself of the courtesy of the American medical press, appear to my mind to justify the addition to this communication of a few extracts from my "Commentaries," touching the utterly unfounded charge of a disbelief in the *immortality* of the soul, preferred, apparently, by the junior editor of the Medico-Chirurgical Review, and whose very mode of misrepresenting my faith upon this question convicts him of the alleged infidelity, as it does of the most unaccountable disregard of truth. And yet I would not that this statement should imply that I am annoyed, since it is made as an inevitable dictate of truth, and for the purpose of its advancement. I would, also, farther premise, that no little part of my *Essay on the Vital*

Powers is devoted to a proof of the *immateriality* and *immortality* of the soul, as connected with my demonstration of the specific existence of the *vital principle*. An exemplification of this fact is exhibited in my "Examination," &c., and I shall now subjoin an example which illustrates the whole object of my "Appendix on Spontaneous Generation," as it does of the religious tone which is infused into the whole work. I have no apprehension that justice will not ultimately come, and in all the measure that I can desire from my cotemporaries; but I am, nevertheless, disposed to anticipate the slow march of truth, and to test, upon the foregoing question at least, *and on my own native soil*, a principle which has been attributed to man at all ages as a proof of his moral obliquity.

Having gone over, in my "Appendix on Spontaneous Generation," with my physiological evidence against this doctrine, and that of *materialism*, I have many remarks of the following import.

"The manifestations of mind, by admission, appertain to the brain, nor can any other part of the body produce a single act of intellection. But, the brain enjoys, also, in the highest degree, the powers and functions that belong to other complex organs,—has its circulation, nutrition, secretion, and presides, more or less, over the organic functions of other viscera. All these are manifestly *organic* functions, which have their analogies in various other parts. There is *something*, however, *superadded* to this organ, to which there is nothing analogous in the rest of organized matter; whilst all other organs have the plainest analogies in their several functions. It is clear, therefore, that the phenomena of mind are the result of the *combined action* of this *something* (which rational philosophers call the *soul*) and the material part. The same arguments which are employed in another place (Essay on the Vital Powers) to show that the powers of life are *something*, and not a mere matter of fancy, are equally applicable for demonstrating the real existence of the *soul* as contradistinguished from *nothing*; and we think the proof is the same, and as palpable, in one case as in the other." [It will be seen that I have arrived at the same result in this article by a new process of induction, both as it respects the soul and the vital principle. Other new methods appear in my "Examination," &c., pp. 33, 39, 40. Can they be set aside?]

"Although we are disposed to give a liberal construction to the Holy Scriptures, we think there should be no violation of any direct statements which they make, however they may appear incapable of explanation, or adverse to the researches, or the learning, the philosophy, or the ambition of man. In our investigation of the works of nature, it should ever be a primary object to render our discoveries subservient to the Revelation which respects creation, and the extension of true philosophy will surely follow. And, should we now and then meet with apparent obscurities, they should be rather regarded as tending to establish our general position, since it is God alone who is the Author of mysteries; and whenever they have been clearly expounded, they have always appeared consistent with whatever had been known of His Providence, and the most obvious import of Revelation. 'It is the glory of God,' says Bacon, 'to conceal a thing, and the glory of the king to find it out.' But, above all, does it behove the geologist, the physician, the chemist, and all others who are

employed in the investigation and interpretation of nature, to be faithful to the lofty trust which is committed to their care. They should be cautious of breaking up the great chain of creation, and of reducing the noble parts to the most ignoble. Least of all can any philosophy endure which is opposed to the fundamental acts of creation, because it would not then be founded upon nature. Whoever, therefore, may be an unbeliever, will find it for his interest as a philosopher, to admit the Attributes of a Creative Power. We are fully sensible, however, that, in the ardor to account satisfactorily for anomalous events, we may unintentionally misinterpret the established order of nature," &c.

"The discussion with which we began this Appendix naturally conducted us to that of '*materialism*.' The subjects being intrinsically of a popular nature, we may, for a moment, descend from the altar of science and approach the precincts of the pulpit. This we do for the purpose of saying that physiology should become an element in the education of clergymen. The enemy of religion, or the well meaning but mistaken cosmographer, takes advantage of your want of familiarity with this department of knowledge. They tell you that the living system has no forces peculiar to itself, and that it is wholly amenable to such as rule in the inorganic world; and they conduct you at last, by these premises, to an almost irresistible admission that living beings may be created by their power. And we have already shown you, when thus prepared, how easy a matter it is to spread before you, without greatly shocking the religious sense, a plan of creation which ascribes the origin of animals to '*spontaneous generation*,' as it is called in preference to '*chance*.'

"The progress towards infidelity is always slow,—at least apparently so in a Christian land; and, whenever the consummation may take place, regard for reputation, and a more successful propagation of the doctrine, will surround it with reservations, insinuating analogies, and perhaps with some show of religion, either for the affected purpose of impartiality, or to furnish a loop-hole of retreat, should the enemy crowd hard. The steps are gradual from the incipient errors in natural philosophy to a disbelief in the Mosaic record of creation. When we have ultimately reached this brink of the precipice, there is but one dreadful plunge, and we are then in the vortex of atheism. We may begin, as we have said, with a simple denial of the living powers of organized beings, and it will become, at last, an easy argument upon this, and analogous premises, that the Almighty had but very little, if any agency, in the most sublime part of existences. But, when you shall look at physiology in its true aspect, you will see that the living, organized kingdoms are governed by laws totally different from any thing that is known of the inorganic. This will assure you that there can be no '*spontaneous generation*,'—that the forces of physics can have had no lot in the creation or in the perpetuity of animals; but, on the contrary, it is their work to *lay waste the whole fabric of creation*. You come, then, to enjoy the undisturbed conviction, that the creation of every original species of animals was a special act of God, and that they are, in every vital sense, contradistinguished from inorganic matter. And when you shall have thus studied nature as she is, you will find her in perfect harmony with your religious impressions; nor can she fail to exalt your religious fervor.

"Let *philosophy* interrogate nature to its fullest satiety, under the direction of its heaven-born principles ; but, let it be consistent, and maintain its dignity. And should it sometimes, as it must in its wide range of nature, come in contact with miracles,—this is its limit, contented that it begins at the confines of creation ; yet, still may it stretch into the regions of eternity,—past and to come ; but now it is employed in its nobler work of sacrificing its relations to second causes, and in establishing relations with the FIRST CAUSE OF ALL." (*Comm.*, Vol. 2, pp. 132—140.)

Such, then, is a farther exhibition of the religious doctrines which it has been one object of my "Commentaries" to inculcate, and which pervade the work on Geology, announced in my late "Examination."

In taking my leave, at least for the present, of the foregoing reviewers, Dr. Carpenter will indulge me with *borrowing* a sentiment from *his* Defence. Thus :—

"I trust that I have now sufficiently vindicated myself from the principal charges which the reviewer has brought against me ; and that I have proved his incompetency to pronounce an opinion upon the merits of my work. More than this it is not my desire to urge. And I shall conclude with again expressing my regret at the necessity I have felt to make animadversions that so seriously affect the character of a Journal which has rendered great services to medical science, and to which the profession has been *accustomed* to look up with respect." (*Dr. Carpenter.*)

If, then, the Edinburgh Journal should be visited by the retribution which is here invoked, for the just exercise of its high prerogative, what should be the destiny of Journals which have endeavored, by an unmitigated series of misrepresentations in relation to my work, to impede the march of those principles upon which the Almighty has constituted the order of nature, and upon which He has engrafted the highest destinies of man,—and especially where the pages of one have been also shown to be encumbered with methodical plagiarism, alike offensive to reason, to truth, and morality.

Being disposed to abide the issue of the deliberate judgment of mankind, I shall incorporate the foregoing remarks with my "Commentaries," along with my "Examination."

MARTYN PAINE, M.D. A.M.,

Prof. of the Inst. of Med. and Mat. Med. in Univ. of N. York.

New York, August 9, 1841.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 64.]

ANY purgative compound of which calomel is a constituent, administered on the first intimation of the approach of the yellow fever, if it procure a thorough evacuation of the bowels, may, in many instances, like other cathartics, prove prophylactic.

Calomel acts on the system primarily through the medium of the mucous membrane of the hollow organs and skin, and possesses the properties of a purgative, a sialagogue, and a remedial virtue which may become

manifest without causing any perceptible alteration in the functions. In whatever mode the preparations of quicksilver may be administered, either by rubbing the gums with calomel; or by sprinkling it on an ulcerative surface; or by giving it in repeated, or even in a single, cathartic doses; or by inunction of the unguentum hydrargyri; or by the application of emplastrum hydrargyri; the mercurial action may be diffused throughout the whole extent of the mucous and cutaneous tissues; and, either by their separate or conjoint operation, the following results may, ensue, namely,—dejections; salivation; and an efficient and sometimes a curative influence on the constitution, without the occurrence of any sensible change in the functions. To these extraordinary effects if we add their efficacy, as a specific, in one of the most loathsome, and, if neglected, destructive maladies, it is not strange, that a medicine endowed with such various and active properties, should induce practitioners to consider its remedial power applicable in the treatment of numerous diseases, even of a diversified character. The position, that one disease may be cured by the substitution of another,* and therefore, in almost every lesion of an important organ, provided a salivation be once established, a cure will ensue, has had no inconsiderable agency in bringing mercury into general use. From its known activity, calomel, regardless of its liability of subjecting the whole system to a mercurial action, has been employed more than any other article in the materia medica, in purgative formulæ. Thus, under whatever form preparations of quicksilver may be administered, the mucous and cutaneous tissues, throughout their whole extent, are subjected to the mercurial action; and, of course, the mucous membrane of the pori bilarii will partake of the same influence. In 1798, calomel was given with very great freedom as an evacuant;

* This position, so far as syphilis is concerned, is an approximation to homœopathy; but with the view of curing this disease, we should not be content with administering mercury in infinitesimal doses, unless we should be convinced, as homœopathsists aver, that by attenuation and dilution (a) they acquire a strength equal to those which are employed by allopathists. It is established, beyond all controversy, this disease is radically cured by adopting the allopathic course of remedies; and, if the same result be attained by infinitesimally small doses, it will be a mere matter of indifference which mode of treatment we might select.

It has been ascertained in two instances, that balsam copaiva and cubeba produced symptoms, “nearly,” resembling those of the disease for which they were prescribed; still, I believe, that these are not remedies allopathists employ under similar circumstances.

It would be, undoubtedly, highly judicious to administer in infinitesimal doses the therapeutic agents possessing deleterious properties of the highest grade.

The homœopathic globules possess activity, as one globule of nux vomica was given after long intervals with sensible benefit; but on repeating it daily, the deleterious property of the narcotic soon began to be developed to such a degree, as to render it necessary to suspend its use. Again, in a case of dropsy the sixteenth part of a globule of arsenic was prescribed, to be taken daily; after a few doses, absorption ensued.

It seems mistakes may be made in the selection of remedies, which, however, would be of no consequence if the globules were innocuous. The following quotation is made from Hahnemann's Organon:—“Subsequent to the year 1801, a purple miliary fever came from the west of Europe, which physicians confounded with scarlatina, although the signs of these two affections are entirely different, and aconite is the curative and preservative remedy of the first, and belladonna of the second; while the former always assumes the epidemic character, the latter is mostly sporadic.” It seems, also, homœopathic remedies are not found against every disease, for he adds:—“Of late years, both these two affections appear to have been combined into a species of eruptive fever, against which neither of these two remedies were found perfectly homœopathic.”

It is proper the homœopathic mode of treating disease should undergo a thorough investigation by a committee, and the result of their deliberation made public. Had this course been pursued with the Thomsonian practice, it would have been of great service to the community. I shall continue to examine into the merits of the Hahnemannian practice, as I have already done with regard to the Thomsonian.

(a) *Hic agendi modus vulgo attenuatio aut dilutio, rectius explicatio aut extensio virium medicarum appellari debet, perinde ac calor latens e corporibus aut terendo exauditur aut quibudam misuræ chemiis vigere prius incognito erumpit.*—Pharmacopœia Homœopathica, Edist. F. F. QUIR, M.D., Lond. 1834, p. 2.

and no doubt, so far as its cathartic property, by removing from the bowels the colluvies as fast as it is generated, might be attended with advantage; but this is more than counterbalanced by the irritation of the inner membrane of the digestive tube and the pori biliarii that will follow.

It was the prevalent opinion, that in the acute stage of all inflammatory affections, the irritation arising from the operation of calomel was pernicious. I found this opinion to accord with my experience in the cases of yellow fever that came under my care. Dr. Wood, in the United States Dispensary, has the following remarks: "As a purgative, calomel owes its chief value to its tendency to the liver, the secretory functions of which it powerfully *stimulates*." He moreover remarks, that "it is peculiarly useful in the commencement of bilious fevers." It would be presumption in me to pretend to controvert this assertion, as the position of Dr. Wood affords him an ample opportunity of testing the merit of every article employed in the treatment of this class of diseases. In the passive—or chronic—stage, indeed, of the inflammation of the tissues concerned in the secretory function of the liver, calomel in cathartic doses is of very great utility; in this northern climate, one portion of ten grains alone has removed the hepatic affection, and restored the patient to health. May not the relief arising from evacuating the contents of the digestive canal, have the tendency to make us overlook the irritation which calomel may produce, when the mucous membrane of the hollow organs is in a state of inflammation?

[To be continued.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 8, 1841.

NEW MEDICAL DISPENSARY OF THE UNIVERSITY OF NEW YORK.

FROM time to time we notice very interesting descriptions of the transactions in this newly established institution, and which are well calculated to attract the attention of the profession. It has been a mistaken policy in the management of medical schools and hospitals in the United States, to keep everything so hermetically excluded from the public eye, that those who would derive essential advantages from them, stand in awe of them, as though Eleusinian mysteries were practised within their terrific precincts, to which none but the regularly initiated could with propriety be admitted. Such institutions have too often not been open to the whole mass of diseased humanity on those generous terms of indiscriminate philanthropy which their object ostensibly indicates,—the lame, the halt and the blind being only admitted to the fountain of health through the condescending permission of an annual subscriber, an owner of shares in the capital stock, or by beseeching the grace of a trustee; and they are consequently not regarded with interest, nor ordinarily sustained by kind and proper motives. Within a few weeks the Dispensary of the University of New York has been created, and the welkin rings with its

brilliant achievements. It is certain that the true principle of conducting a charity of this kind has at length been discovered. The diseased multitude rush to its portals—for there are no embarrassments in the way. Each case is examined, and all the relief is afforded which experience, the art of surgery, or the science of medicine, can afford. Without reference to their place of abode, or their condition in society, those who seek relief receive immediate attention. While the new Dispensary is thus conferring direct blessing, without an expectation of fee or pecuniary reward, it tends to the certain individual reputation of those who immediately control its destiny.—Were a similar institution organized in Boston or in either of our other large cities, we venture to assert that the numbers which would visit it would at once convince those embarking in the benevolent enterprise, that generosity to the poor is a positive gain to the giver.

Board of Health in New Orleans.—A short time since, a regularly-constituted Board of Health was established in New Orleans, of which Edw. H. Barton, M.D., an eminent physician, and who will at once give character to the Board, has been elected the first President. Instead of guessing, as heretofore, at the mortality of that city, during those exciting periods when rumor gives death the reputation of wielding that instrument of destruction, the yellow fever, with fearful energy, till the mercantile world stands in awe of New Orleans as the grave of all who have the temerity to adventure within its limits, exact statistical returns are now to be made by every practitioner, and each day's official bulletin will relieve the public mind at a distance. If it should ultimately be shown, as there is some reason to anticipate, that New Orleans is not that awful Golgotha it has the unenviable reputation of being, a new impulse will be given to its trade, and its inhabitants will speedily reap the benefits accruing from the institution of a well-conducted health police.

The last public statement made by the Board respecting the yellow fever, shows it to be on the increase.

Progress of Epidemic Animal Magnetism.—Such were the symptoms, we understand, at Portland, the other day, that the epidemic must be raging there by this time. All that was necessary to give full effect to animal magnetism, short of a "committee of investigation," was near at hand, viz. the celebrated Robert H. Collyer, and Fred, the paddy, well disciplined for show. Augusta, Hallowell, Gardiner, and in fact all the principal towns in Maine whose inhabitants are likely to pay ninepence at the door, may expect a visit soon.—Boston is now remarkably quiet—the report of the immortal associates having satisfied the knowing ones that there is a vast difference betwixt tweedle dee and tweedle dum.

Medicinal Springs of Virginia.—These springs are undoubtedly as remarkable as any in the world; yet we know less of the chemical composition of their waters, than we do of those resorted to by invalids on the old continents.—What has become of Prof. Rodgers, of William and Mary's College, who was to have given the public an analysis of the various springs of Virginia, years ago? A culpable piece of management seems to have been practised by Prof. R., with an expectation, probably, of giv-

ing more interest to a certain treatise he is elaborating, than it would otherwise possess. The march of science demands that he should at once break silence on this subject, even if it does anticipate the pages of a new book.

Progress of Dental Science in America.—Under this head a writer in the London Lancet speaks very favorably of the praiseworthy exertions recently made in this country by some of our leading surgeon-dentists. It is well known that these exertions have resulted in the organization of the "Society of Dental Surgeons," and the commencement of the "Journal of Dental Science," both of which are justly extolled by the writer alluded to.

TO CORRESPONDENTS.—A Report from the Mass. General Hospital, and other papers, are unavoidably omitted this week.

ERRATUM.—In last week's Journal, page 64, Dr. Ebenezer Stone's name was erroneously printed "Stow."

Number of deaths in Boston for the week ending Sept. 4th, 58.—Males, 27; Females, 31.—Stillborn, 4. Of consumption, 12—dropsy, 1—debility, 3—dropsy on the brain, 1—bowel complaint, 6—scarlet fever, 2—dysentery, 6—infantile, 2—fits, 2—teething, 1—croup, 3—old age, 2—cholera infantum, 6—canker in the bowels, 2—cholera morbus, 1—inflammation of the bowels, 1—typhus fever, 1—cramp in the stomach, 1—gangrene, 1—erysipelas, 1—intemperance, 1—disease of the heart, 1—lung fever, 1.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.

T. ROMEYN BECK, M.D., Prof. Materia Medica.

EBENEZER ENMONS, M.D., Prof. Obstetrics and Natural History.

LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.

JAMES H. ARMSBY, M.D., Prof. Anatomy.

THOMAS HUN, M.D., Prof. Institutes of Medicine.

AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

ALDEN MARCH, M.D., President of Faculty.
J. H. ARMSBY, M.D., Registrar.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDSEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12—lamtN

THOMAS MILLER, M.D.
Dean of the Faculty.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

			Fees.
Anatomy and Operative Surgery, by	-	DR. WARREN,	\$15.00
Midwifery and Med. Jurisprudence, by	-	DR. CHANNING,	10.00
Materia Medica, by	-	DR. BIGELOW,	10.00
Principles of Surgery and Clinical Surgery, by	-	DR. HAYWARD,	10.00
Chemistry, by	-	DR. WEBSTER,	15.00
Theory and Practice of Physic and Clinical Medicine, by	-	DRS. WARE AND BIGELOW,	15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

S 1—eptN

WALTER CHANNING, Dean.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	ROBERT HARE, M.D.
Surgery, by	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	-	W. W. GERHARD, M.D. and
“ on Surgery, by	-	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 25—tDec1

W. E. HORNER,
Dean of the Med. Faculty, 268 Chestnut st., Philadelphia.

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	-	T. SP. JER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	-	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	-	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	-	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	-	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by	-	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator,	-	SUMNER RHODES, M.D. Geneva.

Geneva, August 17, 1841.

S 1—eptO

C. B. COVENTRY, Dean.
JAMES HADLEY, Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 15, 1841.

No. 6.

CASES OF STRABISMUS DIVERGENS AND OPERATION.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REMARKS.—There appears to be a difference of opinion among writers respecting the result of the operation by the division of the muscle in divergent strabismus or leer. Mr. Duffin remarks that he has met with twenty-three examples of divergent strabismus; and of the operations performed upon these, very few have been, strictly speaking, *perfectly* successful, although improved considerably. He supposes likewise that there is more danger that an ungainly protrusion of the eyeball will follow the division of the external than the internal straight muscle; and finally he asserts that the power of vision is not improved even in the slightest degree by the operation, in cases of divergent strabismus. For which reasons he concludes that "it is therefore a matter for consideration, whether the division of the external rectus is a measure to be generally advised or not." Mr. Bennet Lucas has operated in only one case of divergent squint, and this successfully as regards the removal of the distortion. He makes no mention of the degree of vision possessed by the patient. Mr. C. R. Hall, London Medical Gazette, says, "In two instances only, out of thirteen, has the division of the rectus externus failed to remedy divergent strabismus. But in six out of the eleven successful cases, the cornea has only by degrees attained its proper situation."

The result of my experience, founded on these few cases which I enclose for your Journal, is directly opposed to that of Mr. Duffin. With respect, however, to the superior facility of making the section of the abductor over that of the adductor muscle, or that of any other of the orbital muscles, I coincide with him, in opposition to the opinion of some other operators. The division of the external rectus is not only easier of execution and accompanied with less hemorrhage than that of the internal, but owing to the incision being covered and protected from the air by the external commissure of the eyelids, it is also attended with less suffering and inconvenience to the patient. The protrusion of the eyeball, which is a serious objection to myotomia and tenotomia ocularis, is, according to Dr. F. A. Ammon, less likely to ensue in the diverging than in the converging variety; indeed, I have not seen a single instance of this occurrence following an operation for the former, while unfortunately it is by no means an uncommon result in the latter. With respect to the improvement of vision consequent upon the operation, so far as can be inferred from the few cases appended, the result is quite satisfactory.

It has been observed that the recti muscles are not inserted at equal distances, relatively with each other, from the circumference of the cornea, and also that the extent of their insertions differs very much. The eye "being globular, the shape of the insertion of each muscle necessarily forms a portion of the segment of a circle, with the convexity towards the cornea, thus bringing the centre of the insertion nearer the cornea than its ends—a fact to be noted with reference to the operation." The insertion of the external rectus is farther from the cornea than that of the internal, the former being "distant at its centre nearly five lines, and its superior and inferior edges nearly six lines;" that is, about two lines farther from the cornea than is the insertion of the internal rectus. In operating for divergent strabismus, I think that in most cases, the speculum may be laid aside, and an expert assistant should be desired to elevate the upper lid with the fingers of one hand, at the same time drawing it firmly towards the temple, while with the other the lower lid should be drawn outward as well as downward. This, it is obvious, will enlarge the field of operation. Then the eye to be operated upon being turned strongly towards the inner canthus, and an opening made through the conjunctiva raised from the sclerotica with a hook, the section of the tendon may be made about half way between the margin of the cornea and the outer canthus of the eye. The mode pursued by Mr. Hall, vide Case VI., appears to me to be well adapted to cases of divergent squint, unless indeed the subconjunctival method of M. Guérin, of Paris, should be found preferable. I am informed, however, by a very intelligent medical gentleman recently from that city, that M. Guérin confines the method introduced by him to cases of convergent strabismus, and that he operates in the usual manner in that form of squint under consideration. The after-treatment is simple.

My opinion of the operation of myotomia ocularis for the cure of *convergent* strabismus, has been asked. I answer that it does not correspond with the exaggerated, and, I may say, deceptive reports of the success blazoned forth in all the published accounts that I have seen. I wish also to observe, that all the works on strabismus with which I have met, are miserably deficient in directions for the after-treatment; which in nine cases out of ten of *convergent* squint is of vital importance to a successful issue. But reserving to myself the privilege of making some farther remarks at a future period, I proceed to detail the cases already referred to.

CASE I. Division of the External Straight Muscle.—Otis Foster, Snowhill court, 26 years of age, has had from childhood strabismus divergens of the left eye. It was occasioned by convulsions consequent upon whooping cough. The state of the pupil and the motions of the left eye, when the sound one is closed, are normal, and the power of vision is equally good in either eye; the irides are of a blue color and the eyeballs are prominent. The patient is a mechanic in active business, and having suffered much inconvenience from inability to make the axis of each eye correspond, he was very desirous of trying the effect of the new operation for the cure of strabismus.

With the assistance of Dr. Inches and Dr. Wigglesworth, *March 10th*, I divided the tendon of the external rectus muscle of the left eye, using

the blunt hook and scissors, as recommended by Mr. Bennet Lucas. Upon directing the patient to look straight forward, the left eye immediately came into the centre of the orbit, and he was unable to turn it so far outward as he could before. Little or no inflammation ensued, and on the following day he laid aside the compress and bandage, avoiding, however, any exposure to strong light.

12th. Dr. Wigglesworth, who visited the patient with me, was of the opinion that a slight degree of divergent strabismus had now occurred in the opposite or sound eye. That the axis of each eye did not perfectly correspond was evident; but careful observation, at a subsequent visit, showed that the difficulty depended upon a slight remaining obliquity of the strabismic eye. The patient was now directed to cover the sound eye and make use of the other alone, and in three days all trace of the distortion had vanished.

18th. The patient is able to be abroad without any covering for the eyes, except the visor of a cap. The *contour* and size of the eye are entirely preserved, and both eyes perfectly correspond in *position* and *movements*. The incision of the conjunctiva being concealed by the lids in all the ordinary motions of the globe, the eye presents to the observer not the slightest appearance of having been subjected to a surgical operation of no trivial character. The patient, before unable, except for a short time, to use his eyes by candle light, now declares that he can read in the evening the smallest print without experiencing any fatigue or uneasiness in either eye. I have only to add, with respect to this case, that I have seen Mr. Foster recently, and that the favorable results of the operation remain, and no doubt will continue permanent.

CASE. II.—S. W., M.D., a gentleman distinguished no less by his brilliant professional attainments, than by his zeal and devotion in their application, applied to me with strabismus divergens of the left eye. It was induced, while a lad at school, by a habit of *imitation*, which, commenced in sport, gradually led to a confirmed squint. I ought, perhaps, to qualify the last remark, by stating that my patient could at any time, by the exercise of the will, bring the axes of both eyes parallel, but the moment his attention was diverted from this particular point, and likewise when he wished to look at a distant object, the left eye became divergent, and so remained until the effort to make it straight was renewed. The divergence of the eye when looking at distant objects, notwithstanding the opposing efforts of the patient—which were sufficient to make it straight when regarding near objects—was occasioned doubtless by a disparity in the visual focus of each eye, that of the right eye being natural, while that of the strabismic eye was very much shortened; or, in other words, the left eye was myopic. This I consider to be frequently one of the results, and not the cause, of strabismus. In all other respects the condition of the left eye is normal. The irides are of a dark color, and the eyeballs well formed.

28th. With the assistance of Dr. Hawes, of Tremont street, I divided the tendon of the rectus externus muscle of the left eye, near its insertion. The tendon was long, white and firm, and was easily freed from the surrounding cellular membrane and fascia for the distance of two lines or more.

I made the section, however, near its insertion into the sclerotica, and this I believe to be in all cases the most proper as well as the most convenient place.

29th. Both eyes are parallel, and the eye operated upon is free from any inflammation or uneasiness. The patient is able to be abroad, and from this time attended as usual to his professional avocations, the eye being protected merely by the visor of a cap.

In the course of two or three weeks subsequent to the operation a small button-like granulation formed in the cicatrix of the divided membranes, which being excised with curved scissors, no farther difficulty ensued. At the date of this communication, no obliquity is apparent in either eye, and the myopia is so far overcome that the focal distance is nearly the same in both. In conclusion, I may be allowed to remark that my patient bore the operation with a degree of fortitude and resolution truly admirable.

CASE III.—Miss C. T., æt. 20, has divergent strabismus of the left eye, caused, as her family suppose, by an attack of the hooping cough when about two years of age. The strabismic eye is very much turned towards the external canthus, and the obliquity gives an unpleasant expression to a countenance otherwise agreeable; besides which, the eye is so extremely myopic, that in attempting to read common print with it, it is necessary to bring the book nearly into contact with the face. By a great effort on the part of the patient, the squinting eye can be directed so as to correspond with the sound one, but it can be retained in this position for a few seconds only, and the exertion is followed always by a sense of fatigue and uneasiness. Miss T. has at times experienced much inconvenience from seeing, at the same moment, more than one object, when she desired to direct her attention to one only; in this case she was obliged to close the strabismic eye and use the other alone. The irides in this patient are of a blue color, and the state of the pupil, and motions of the squinting eye singly, are normal.

March 26th. Assisted by Drs. J. Mason Warren, Leach, Wigglesworth and George Hayward, Jr., I divided, in the usual manner, with scissors curved on the edge, the external straight muscle, previously raised from the sclerotic with a blunt hook. The operation was somewhat retarded by what appeared to be an unusual amount of investing cellular tissue, and also by the extreme paleness of the muscular fibres, which could with difficulty be distinguished from the former. The tendon was flat, wide, and with fleshy fibres running apparently to its insertion. The hemorrhage did not exceed a few drops in amount. The sound eye being unclosed, both eyes assumed a correct position and correspondence, and the improvement in the personal appearance of the patient was immediate and truly gratifying. By an operation attended with no danger, and causing but little pain, and that momentary, an important organ, before useless, is restored to a condition to be made effective, and in an instant a deformity is removed which for a life-time has exerted a depressing moral influence upon the unfortunate patient. After the operation the patient was unable to turn the eye outward much, if any, beyond the centre of the orbit.

27th. The eye is free from pain, and the direction is perfect. May remove all bandages and wear a light shade. No farther treatment became necessary, and the patient went abroad in a few days.

May 10th. The linear cicatrix being concealed within the external canthus, not a vestige of the operation is visible in the ordinary position of the lids, and both in direction, size and contour, the left eye is perfect, and moves in unison with the right in every way.

July 26th. Both eyes remain the same as at last date. The power of vision in the eye operated upon has so much improved that the patient can read common print at the distance of about eight inches.

CASE IV.—Miss M. R., Milton place, 24 years of age, has had divergent strabismus of left eye from infancy, of which the cause cannot be ascertained with certainty. The irides are blue; the state of the pupil and the movements of the strabismic eye singly, are normal; the vision of this eye is rather imperfect, and there ensues a weakness, with a feeling of fatigue, even after a moderate application of the eyes upon small objects, particularly by candle light. Her general health is good.

May 5th. Drs. H. B. C. Greene, Inches, Whitney, and George H. Snelling, Esq., being present, the tendon of the external straight muscle of the left eye was divided. I used for the section, in this instance, a pair of straight scissors, having one point blunt or probe-pointed. The right or sound eye being directed forward, both became parallel, but the patient was still able to turn the eye operated upon outward a little beyond the centre of the orbit. The tendon had been entirely divided, and the sclerotic coat was plainly visible, denuded of cellular membrane to a considerable extent each way beyond the superior and inferior margin of the muscle. Compresses wet constantly with iced water and a light bandage were applied. Eight hours after operation, patient reports that she has suffered much pain in the eyeball and through the left side of the head, but that it is now subsiding. Having taken a cathartic draught in the morning, she was now directed an opiate, and I found her the following day (6th) free from pain, and with the eye quite straight. Rather more inflammation than usual, with considerable redness and irritability of the conjunctiva in the vicinity of the incision, occurred in this case, and continued for the space of several days. This was attributable in part to the extremely hot weather then prevailing.

May 17th. The position of the eye appears to be perfectly correct, and the redness has mostly disappeared.

Aug. The eye is reported to be well in all respects.

[To be concluded next week.]

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY S. D. TOWNSEND, M.D., SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

An engineer on the Worcester Rail-road, aged 28 years, was brought to the Hospital, Aug. 3d, in consequence of receiving the following injury. While on the locomotive, conducting a train of cars, at 6, P. M., the day

before, the engine struck the wheel of a cart which was passing over the track, and was thrown off the rails. He was standing at the brake handle, and was thrown against it with such violence, that it passed through the thigh just below the groin, separating the muscles and great vessels from the femur, and appearing through the integuments on the inner and back part. There was extensive laceration of the muscles and integuments, beginning in front at a line extending from the anterior spinous process of the ileum to the pubis, and proceeding down obliquely to the patella. Not much blood was lost at the time of the accident, although the large bloodvessels were laid bare. His general health has been remarkably good, using no ardent spirits and very little animal food. His wound was dressed with adhesive plaster, which on his admission was partly removed, and compresses wet with an aqueous solution of opium applied.

5th. No dejection from the cathartic ordered yesterday, until after taking *ol. ricini* ʒ i . Afternoon more restless; much heat of skin; pulse 120. Venesection eight ounces; opiate at night. Wound begins to be offensive; skin dark and blistered. Apply lint spread with *ungt. creosote* to wound, and cover it with compresses wet with *chlor. sodæ*.

6th. Complained of nausea occasionally until evening, when it was relieved by *sinapism* to epigastrium. Pulse 98; sloughing of the wound progressing.

7th to 9th. Much pain along the thigh and leg at times; rigors followed by fever; mouth dry; erythematous inflammation above the margin of the slough; occasional delirium. Aqueous solution of opium applied to wound, and opiates at night. Pulse 104.

10th. A large portion of gangrenous integument removed to-day, giving exit to a deposit of pus confined at the lower part of the wound, which now appears more healthy. We find the slough on the outer side of the thigh deeper than was apprehended; the tensor *vaginæ femoris* is removed, sartorius and *gluteus medius* ruptured. Appetite somewhat improved. May have broth for dinner, with four ounces of port wine daily.

11th. Slept tolerably well, after taking Dover's powder *grs. 10*, twice in the night. Pulse 102. *R. Infus. cinchon., ʒi.; tinct. do. ʒi.* Take one ounce four times daily. Free dejection after enema.

13th. Appetite improving. Omit *infus. cinchon.* Let him take *sulph. quinine grs. ii.* four times a day, with port wine eight ounces. Appearance of wound more favorable. The sloughing has extended to the crest of the ileum, and from thence down two thirds of the thigh. The following muscles are now displayed as if by a neat dissection, the cellular membrane having sloughed away:—The *gracilis*, which a retraction of the integuments has carried over to the outside of the thigh; the sartorius torn across, and its ruptured fibres lying transversely at the edge of the *gracilis*; part of the *abductor longus*, and the *rectus*. On the outer side, the *gluteus medius* torn across just above the *trochanter major*. The tensor *vaginæ femoris* and its fascia have nearly sloughed away, while a branch of the crural nerve, deprived of its vitality, lies in front.

15th and 16th. Suffering much from pain at the epigastrium, for which he was ordered cathartics, and enemata, with opiate fomentations,

without relief; it subsided, however, after the application of a blister and the strong ammonia.

17th. The integuments were approximated with adhesive plaster, and supported at the under side, where there is a large deposit of pus, by thick compresses.

31st. The wound is rapidly healing, and his health re-established; but the cellular membrane being entirely removed at the interstices of the muscles, and not capable of restoration, the facility of motion in these parts is lost; and as granulation advances, the different muscles will form one solid undefined mass, and their individuality be lost, while the free motion of the limb will be much impaired.

The patient, I think, owes the preservation of his life, after this formidable accident, in a great measure, to his habits of rigid temperance, and it should form a strong argument in favor of the practice, especially to those who are engaged in laborious employments, exposing them to sudden and violent accidents.

DR. INGALLS'S LETTER ON YELLOW FEVER.

(Continued from page 85.)

ENTERTAINING not only a strong prejudice against calomel as a remedy in the yellow fever, but esteeming its effects to be hurtful, I have abandoned its use altogether, both as a purgative and as a sialagogue. As, however, the use of mercury with both intentions has received the support of men eminent in their profession, it may not, perhaps, be improper, in this place, to cite the several opinions in favor and in opposition to this therapeutic agent. This task will be accomplished with greater facility by having recourse to Dr. Good's Study of Medicine,* in which there is a compilation of the various modes of treating the yellow fever by men celebrated for talents, experience and acquisition of medical science.

"Dr. Rush was not less alert in his purgative plan, than in active, profuse and repeated venesections. Ten grains of calomel and fifteen of jalap, was the force with which he opened his remedial attack, and which he repeated every six hours, till the alvine canal was effectually evacuated. This mode of treatment, he tells us, he was led to by accident; and with it he became as successful as he had been unsuccessful under the tamer and more established method. This remedy has, however, still more lately been employed on a different ground, under a different mode of management.

"Calomel, instead of being employed as a purgative, has been enlisted as a powerful alterant and deobstruent, and persevered in to salivation, by doses of from five to five and twenty or thirty grains every third or fourth hour, according to circumstances, till this point is obtained; which, however, is not regarded as important in itself, but as showing that the system is under its influence. Dr. Chisholm seems fairly entitled to the honor of having first tried and recommended mercury with this intention." His

chief reliance is placed on **MERCURIAL PTYALISM**, as it appears from the following:—"Let it never be forgotten that at whatever period of the disease salivation is excited, whether the supposed signs of putrefaction have appeared or not, the accession of it is the certain signal of cessation of disease, and of returning health."*

"This general plan of Dr. Chisholm has in the present day become highly, and perhaps chiefly popular, and is powerfully recommended from personal experience of its advantage by Dr. James Johnson, Dr. Burnett, Dr. Boyd, Dr. Denmark, and a long list of valuable authorities, some of whom regard it as the 'sheet-anchor.'"

"There can be no doubt of mercury being highly advantageous, in a great multitude of cases, and of general benefit in various forms of this destructive epidemy. There is no medicine which, *primâ facie*, affords a better prospect of relief than mercury, from its general action on the excrement system, as well as its specific action on the intestinal canal, and the salivary glands. It must, however, be admitted that it is only under a particular condition and tone of the vascular frame, that it can at any time be employed with good effect; and hence not only is a sound judgment constantly demanded in its application, which indeed is a requisite that ought ever to be present, but much important time is often lost in preparing the system for its remedial introduction. It is **TRULY** said, indeed, by the advocates for mercury, that such other remedies are all valuable adjuvants; and this is so far from being denied by those who are hostile to the use of mercury, that they affirm, on the contrary, that the benefit ascribed to this medicine, when it has obtained a sway over the system, **OUGHT RATHER TO BE ATTRIBUTED TO THESE ADJUVANTS THEMSELVES; WHICH WOULD HAVE PROVED STILL MORE BENEFICIAL HAD THEY BEEN LEFT TO THEIR OWN POWER AND INTENTION ALONE.** Mr. Gibson, who is a strenuous advocate for the use of mercury upon the principle now adverted to, very candidly admits both these causes of impediment." "It would seem," he says, alluding to the debilitating province of Guzzaret, "**that DEBILITY AND THE PLETHORIC SYSTEM ARE EQUALLY INIMICAL TO THE SPECIFIC MERCURIAL ACTION.** If the patient is fortunately invigorated sufficiently to give the mercury influence, and **BEFORE ANY ORGAN OF LIFE IS INJURED**, by the strictest nursing and attention afterwards the recovery is almost certain, all morbid action yielding from the moment ptyalism is brought on."†

"Even in cases, however, in which the mercurial action is fortunately excited, the same intelligent writer tells us that he has frequently met with a very serious evil resulting from the mercury itself; for such, says he, is at times the profusion of ptyalism when once induced, that the most disagreeable consequences succeed, and the convalescence is long and precarious; on which account he laments that we have no criterion to determine how far we may proceed with the mercurial process, and when we ought to stop. Dr. Bancroft advances much farther than this, and asserts that not only salivation retarded the convalescence, and produced very troublesome affections of the tongue, mouth and throat, with

* On the Climate and Diseases of Tropical Countries, p. 215.
Edinburgh Medical and Surgical Journal, Vol. XI.

other ill consequences, but that the salivators, even when they have been free from this evil, have not been more successful than other practitioners; and he particularly alludes to the admission of Dr. Rush, who was not unfriendly to the mercurial mode of treatment, that 'in the City Hospital (of Philadelphia), when bleeding was sparingly used, and the physicians depended chiefly upon salivation, more than one half died of all the patients who were admitted.*

"For like reasons Dr. Jackson speaks with as little satisfaction of the same practice, not only upon his own experience but even upon that of Dr. Chisholm himself. Alluding to the high recommendation of mercury by the latter, he observes, "the detail of his testimonies does not warrant a conclusion so favorable; for the proportion of mortality in the detachment of Royal Artillery upon whom this practice is supposed to have been first tried, has perhaps scarcely ever been exceeded in a tropical climate. Further, it is a common observation that where salivation actually takes place in continued fevers, it seldom shows itself till the violence of the symptoms has evidently abated; hence a suggestion arises that the appearance of salivation is only an indication of the departure of the disease:—no proof exists that the operation of the mercury is the cause of the departure. Such are the remarks which occurred in reviewing different modes of treatment in the hospitals of St. Domingo; to which it will not be superfluous to add an experiment made at the Mole in August, 1796, by Mr. Lind, surgeon to Jamaica. Out of fifteen cases of fever put under the care of Mr. Lind, on *the first day* of the disease, and treated with the utmost attention, five died; in three of whom salivation actually took place; five recovered, in whom no salivation took place; in the other five, who also recovered, salivation was evidently established, but, as is usual, not till the violence of the symptoms had begun to abate. Out of four who were under his care on *the second day* of the disease, no one died; but one only was affected by the mercury; one brought to the Hospital on *the third day* of the illness, died; mercury was employed, but no salivation took place; one, on *the fourth*, likewise died, without marks of salivation; one on *the fifth*—the salivation was established, but the disease proved fatal. In none of the above cases were less than ten drachms, and in most cases not less than two ounces of strong mercurial ointment rubbed into the legs and thighs, with the employment of all other means which seemed calculated to promote the expected effect."†

"The question, therefore, to say the least of it, is still open; and, admitting all that can be said in favor of employing mercury as a sialagogue, the evils which flow from the uncertainty of its action, both in respect to time and degree, and its frequent inroads upon the constitution, even when it has been of use, are serious and important."

Having relinquished the use of calomel as a purgative, as a substitute I have given the preference to the infusion of senna and balm, as mentioned above. This selection is made from the persuasion, the remedy has the tendency to assuage the hepatic irritation, on which the malignity of the fe-

* Essay on the Disease called Yellow Fever, &c. 8vo. 1811.

† History and Cure of Fever, Part I., ch. xI., pp. 292, 294.

ver, in a great measure, depends; and being a liquid, it might also act as a diluent of the acrid contents of the stomach and intestines, and serve as a soothing lotion to the irritated mucous membrane of these organs. When the emetic was not accompanied with dejections, the patient was directed, immediately after he had ceased vomiting, to take an ounce of castor oil, and begin with drinking the infusion of senna and balm; if in the course of an hour there were no evacuation from the bowels, an enema was administered. This series of purgative remedies was required only in one instance. In one case the fever was treated with purgative doses of the solution of Rochelle salts (*soda et potassæ tartrass*) alone.

In 1801, at the corner of Purchase and Summer streets, there was situated a house called the coffin, from its shape, or because all the inmates died with the yellow fever. There was no death in the city except in the house just alluded to. In passing, I was desired by one of the sextons who were employed in disinfecting the house, to go in and see the only remaining patient, that lay at the point of death. (I understood she died in half an hour after I saw her.) I was ushered into a small bed-room, in which was a matronly-looking woman lying on the outside of the bed, clad in a silk dress, unattended by a nurse, neglected by her friends, and deserted by her relatives. Having retained her faculties, at my request she gave me the history of her sickness, which detained me about twenty minutes. In a short time after, I gradually became costive, the abdomen enlarged and tense, and a preternatural sensation of heat was diffused throughout the convolutions of the intestines. As soon as these symptoms had somewhat advanced, I commenced taking grain pills of calomel, as frequently as my feelings or fancy dictated, until a thorough operation was produced, which was followed by such a sudden and extreme prostration of strength as I never before or since experienced. That these phenomena were premonitory of the yellow fever, I have no corroborative testimony.

WILLIAM INGALLS.

DR. CHADBOURNE'S EXPLANATION OF DR. BROWN'S NOTE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I ought to have known that “communications of a personal or invective character do not come within the design of the Journal,” and therefore cannot complain of the rejection of my reply to Dr. Brown's note. Yet being now publicly accused of moral delinquency, you surely will not deny (in justice to the lady, if not to myself) sufficient space for a word of explanation. Dr. Brown says that he knows nothing about me, only that *I once put a young lady, a relative, under his care, for which I have not paid him.* The words in Italics are literally true, and yet convey, by implication, as palpable an untruth as Dr. B. could possibly have promulgated. All the explanation I ask to make is simply this. Having formerly placed a young lady under Dr. Brown's care, who was subjected to great expense without deriving any essential benefit, and having distributed, by Dr. B.'s request, a large package of his circu-

lars in N. H., I felt at liberty to call occasionally at his Infirmary; and seeing with what care all his operations, the application of his instruments, and all the minutiae of his practice, were concealed from the eye of his brethren, excepting "the consulting surgeons and physicians of the Orthopedic Infirmary of the city of Boston," I confess my confidence began to diminish, and I very frankly told him I thought of consulting the physicians of the Massachusetts General Hospital in regard to this last patient's case, before deciding where to leave her. Dr. B. then immediately *offered to charge nothing for his services if I would place the patient under his care*, to which I acceded, although I had no pecuniary interest whatever in the case. I impute no sinister motive to Dr. B. for this apparent liberality; yet justice requires me to add that he realized a very considerable fee from the patient herself for instruments; and in this, as in the other case, the only good done, or benefit conferred, was through the fee received by the doctor, he being the only party essentially benefited; the patients remain yet *in statu quo*. If Dr. B. asks for proof of any of these facts, I will refer him to one of his professional brethren in Boston, to whom he is probably sensible of being under no inconsiderable obligation.

Thus stands the account of my indebtedness to Dr. Brown and the Orthopedic Infirmary, so exultingly proclaimed in the last Journal; and if the doctor chooses to rest the defence of the merits of his practice on so frivolous a subterfuge, he is welcome to all its benefit.

Concord, N. H., Aug. 31, 1841.

THOS. CHADBOURNE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I transmit to you the following case for publication in your Journal. The novelty and rare occurrence of such cases, may render it interesting to your readers; and it is hoped that you or some of your experienced correspondents may throw some light upon the peculiar condition of the system that gave rise to the singular and uncommon pathological phenomena.

Respectfully your obt. servt., WM. STOCKBRIDGE, M.D.

West Feliciana Parish, La., June, 1841.

OBSTRUCTION OF THE MENSES.

CASE.—Amy, a servant girl, belonging to H. D. Kellogg, Esq., had been laboring under an obstruction of the menses seven years. At the age of thirteen, previous to which time she had been healthy, she experienced the symptoms that usually attend the establishment of the menstrual discharge, but not followed with any flow from the uterus. These symptoms returned regularly every month, with increased local and general derangement. At each period, these symptoms abated by a sanious discharge, sometimes by emesis, at other times by catharsis; and ceased entirely by eruptions upon the surface of the body and a discharge of purulent matter, leaving her in a condition that unfitted her for the duties of the plantation. She had been married several years—no children, and perfectly indifferent to acts of conjugal intercourse. Commenced a

course of treatment in June, 1838, as follows: R. Comp. tr. guiac., \mathfrak{z} ii.; tr. cantharides, spts. ammonia aromat. \mathfrak{aa} \mathfrak{z} i. Dose, a teaspoonful three times a day. The bowels were acted upon by a cathartic every four or five days, and stimulating injections given per vaginam. After pursuing this course of treatment six weeks, the catamenia were secreted and discharged naturally; the eruptions upon the body, the sanious discharges from the stomach and bowels, with their painful attending symptoms, ceased entirely, and her general health became restored. She resumed her duties upon the plantation, entered into the enjoyment of sexual intercourse, and in process of time presented her master with an increase of family. Since this time she has been healthy and fruitful.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 15, 1841.

SKELTON OF THE GREAT MISSOURIUM.

To Dr. Jarvis, of Louisville, Ky., we are indebted for a pamphlet of twenty pages, by Albert Koch, descriptive of the osteology of what the author claims to be a gigantic, non-descript, antediluvian monster, which he calls the *Missouriium*, or *Missouri Leviathan*, now on exhibition at the West. Mr. Koch's history of the discovery, and of the Indian traditions which pointed to that spot in the State of Missouri where he found these magnificent remains of an animal that transcends the wildest imaginings of naturalists, and absolutely throws into disorder that beautiful system of vital architecture which philosophers conceived existed and characterized every geological epoch of our globe, cannot be read without feelings of wonder and astonishment. Mr. Koch is an ingenious man—for no common-place denizen could have produced such a specimen of marvellous narrative. The skeleton thus said to be disintombed, after being concealed in the earth for a countless series of ages, through the persevering exertions of Mr. K. was brought to light in the spring of 1840. From that time till within a few months he says he has been engaged in putting bone to its fellow bone for exhibition. When completed, he must have been astonished at the result of his labors—for the skeleton measures 32 feet in length, 15 feet in height, and the head is six feet long. From one zygomatic arch to the other, is 4 feet. Its tusks are 10 feet in length, exclusive of 1 foot 3 inches, which forms the root, and is therefore out of sight in deep sockets. These were carried horizontally, like the feelers of an insect, and were 21 feet apart at their points. This is but an outline of the vivid description by Mr. Koch.

A more magnificent imposition than this probably never entered the mind of an adventurer. A carefully written article in the last No. of the Western Journal of Medicine and Surgery, exposes the whole trick, and proves, by the most rigid, unerring rules of osteological science, that this monster skeleton is nothing more nor less than a monstrous cheat—made of two mastodon skeletons, united into one. The exposor of the fraud says that "Mr. Koch has strung, on an iron wire, not less than 41 (vertebræ)

drawn from different animals, and placed them at such distances from each other, that their oblique processes do not touch, filling up the intervals with single and double blocks of wood, about two inches thick. In this way he added about ten feet to the length of the spine, &c." The reputed clavicles are two ribs. The feet never belonged to an aquatic animal, but are recognized, by every accurate anatomist, as those of a mastodon, abominably distorted to appear to be what they are not. This exposure should be made known far and wide, that Mr. Koch and his associates may be prevented from gulling out of the uninformed, sight-seeing public, that splendid fortune which they unquestionably entertain the hope of accumulating.

Washington College, Baltimore.—The medical department of this University is well organized, with a highly respectable faculty. There is enterprise and a laudable ambition there, the elements of usefulness and greatness. The lectures begin the last Monday in October, and continue four months. All the tickets, called a full course, cost but \$90—cheap enough in all reason, considering the expense of conducting an institution in a large city. A magnificent collection of dried medicinal plants, comprising eleven hundred species, arranged by R. E. Griffith, M.D., formerly of the University of Virginia, now belongs to the department of materia medica. This will be the fifteenth session of this school of medicine—an evidence of its character and prosperity.—There is a rival, or rather another school, in the same city, the particulars of which will be given at a future day.

New York Orthopedic Institution.—Orthopedic institutions are multiplying—and, what is better, great good results from them. Drs. Dorr, Brewster and Van Pelt are associated in the management of the one named above. They have our kind wishes for their success. Dr. Mott also has an orthopedic institution in New York. Whether the city can furnish a sufficient supply of cripples to keep them both in active operation, remains to be ascertained. A few years ago there was pretty much the same zeal for opening eye and ear infirmaries at the West, that is now manifested for orthopedic surgery. There being both tenotomists and anti-tenotomists in the field, there is no predicting who will be conquerors.

Board of Health, New Orleans, Aug. 25th, 1841.

The Board of Health regret to have to announce to their fellow citizens, that from the monopolizing character and extension the acclimating fever has assumed, it must now be considered an epidemic disease. Though mostly confined to the laboring classes and the intemperate, the chief mortality has been produced by the tardiness in calling for aid during the period in which alone it can be effectual. It has been found highly manageable when taken in the early stages, but fatal as it progresses without adequate assistance. For this there is no excuse. No city in the world is more blessed with those benign philanthropic associations and charitable institutions than New Orleans, from whose numerous officers and directors, scattered all over the city, relief can be obtained within any hour.

But the Board will not confine itself merely to announce the *existence* of danger; a word of advice to the unacclimated, to avoid or resist its influence, would seem to be called for by every dictate of duty and humanity.

Everything that throws the system off its balance, either as to quantity or quality of drink, food, or indulgence of the passions, must be considered *intemperate*, in the true acceptance of that term, impairs the integrity and unity of the vital actions, undermines the controlling power of the constitution, and brings the predisposition that every unacclimated person has during the existence of an epidemic into action, and becomes an *exciting cause* of the disease.

Be temperate in *all things*; let your food be of easy digestion and taken at regular intervals; if in the habit of using any class of stimulants, lessen their quantity—break off entirely no habit suddenly in the face of danger; it unsettles the system and is hazardous. Avoid currents of air, and particularly when exhausted by perspiration—the dews of night, and mid-day sun, and rains. Keep your skin moist by suitable clothing; give cleanliness and vigor to it by a free use of the bath and flesh brush. With these precautions, uninfluenced by fear—with equanimity of mind, and a firm reliance on Divine Providence—the risk is small; the chief danger is already overcome.

But if, notwithstanding these precautions, complied with or not, a chill or fever should occur, pains in the head, back or limbs, immediately go to bed, put your feet in a hot mustard bath, drink warm tea, and send for those whose business it is to cure disease. You have gone far enough—risk no farther: lose not an hour, and ninety-nine hundredths can be saved in average constitutions.

E. H. BARTON, M.D., President.

Medical Miscellany.—Mrs. Elizabeth Cottingham is now living in Somerset county, Maryland, who, according to the records of her family, was 110 years old in March last. She reads without spectacles, and has the full exercise of the mental powers.—Between 80 and 100 students are said to be in attendance at the Berkshire Medical College.—Dr. Bartlett has written a small work in vindication of the condition and character of the female operatives of Lowell. We have not yet had a copy.—One of the Thomsonian journals speaks of the powerful diuretic properties of white-pine bark—that next the wood to be used in dropsies.—What has become of all the surgical instrument makers of the city? Country practitioners cannot find them as formerly, when they wish their instruments repaired. The worst of it is, they almost invariably leave behind them their bills unsettled.—The demonstrator of anatomy at Pittsfield, Dr. Chaffee, is spoken of in high terms. He is officiating in place of Dr. McClintock, the professor, now at Castleton.—Dr. E. H. Barton, of New Orleans, has received the honorary degree of A.M. from Dickinson College, Carlisle, Penn.—The general health at Havana is improving—although the sickness in the shipping, at the last dates, was severe. Yellow fever is still on the increase at New Orleans. The rumor that it had appeared at Charleston, S. C., is said to be wholly unfounded.—Mr. Floyd, an English surgeon, who accompanied the expedition up the Euphrates, has written home a vivid account of his trip, 1100 miles, in a steamboat, up that celebrated river. He visited the site of the ancient Nineveh, Babylon, &c.—At St. Thomas, County of Berthier, Canada, on Friday, the 20th ult., Mrs. Pierre Augé was delivered of a son. On Sunday following, 22d, the same of a son and daughter; mother and children all doing well.—Among the works lately published in London, we notice “Three Memoirs on the Development and Structure of the Teeth and Epithelium, &c., read at the meeting of the British Association, by A. Nasmyth, F.L.S., F.G.S., &c.”

ERRATA.—In Dr. Paine's communication, at page 78, line 44, for complete read *complex*; page 79, line 17, for Platonic read *Plutonic*; line 25, for constituted read *constitutes*; page 83, line 4, for miracles read *miracle*.

Number of deaths in Boston for the week ending Sept. 4th, 45.—Males, 27; Females, 18.—Stillborn, 2. Of consumption, 2—disease of the bowels, 1—marasmus, 1—diarrhoea, 4—dysentery, 2—inflammation of the bowels, 4—infantile, 3—stia, 2—croup, 2—disease of the brain, 1—scarlet fever, 2—insane, 1—typhus fever, 1—dropsy, 1—cholera infantum, 2—delirium tremens, 1—bowel complaint, 2—bilious fever, 1—dropsy on the brain, 2—worms, 1—dropsy in the head, 1—convulsions, 1—canker, 2—inflammation of the lungs, 1—dropsy of the bowels, 1—intemperance, 2—unknown, 1.

REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Aug.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Un r.	P.M.	Un s.	Un r.	P.M.	Un s.			
1 Sun.	56	70	63	29.36	29.40	29.50	N	Fair	
2 Mon.	54	82	66	29.55	29.65	29.66	S W	Fair	
3 Tues.	60	85	63	29.69	29.69	29.68	S	Fair	
4 Wed.	65	85	75	29.60	29.54	29.50	S	Cloudy	
5 Thur.	69	80	78	29.47	29.44	29.40	S W	Cloudy	
6 Frid.	66	80	71	29.40	29.41	29.42	N E	Fair	Aurora borealis.
7 Satur.	57	81	79	29.43	29.47	29.47	S W	Fair	Heavy fog in the morning.
8 Sun.	58	81	75	29.49	29.55	29.55	S W	Fair	Foggy morning.
9 Mon.	67	71	69	29.52	29.49	29.45	S	Cloudy	.37 inch of rain.
10 Tues.	67	80	75	29.53	29.59	29.56	S	Fair	
11 Wed.	72	67	66	29.50	29.50	29.52	N E	Rain	1.05 inch of rain.
12 Thur.	64	75	72	29.50	29.52	29.50	S W	Fair	.04 inch of rain. Dense fog.
13 Frid.	64	76	72	29.47	29.48	29.45	S W	Fair	
14 Satur.	62	72	70	29.50	29.60	29.62	N E	Fair	
15 Sun.	62	73	70	29.71	29.79	29.80	N W	Fair	
16 Mon.	52	77	72	29.78	29.74	29.68	S W	Fair	
17 Tues.	59	84	80	29.61	29.58	29.56	S W	Fair	
18 Wed.	62	82	72	29.52	29.50	29.50	S W	Fair	
19 Thur.	64	84	73	29.46	29.48	29.47	S W	Fair	
20 Frid.	66	81	73	29.49	29.53	29.52	N W	Fair	Showery. .01 inch of rain.
21 Satur.	65	86	80	29.51	29.56	29.47	S W	Fair	Foggy morning.
22 Sun.	71	71	72	29.40	29.41	29.45	N	Cloudy	
23 Mon.	62	76	72	29.51	29.57	29.62	N	Fair	Very dry.
24 Tues.	50	74	70	29.68	29.75	29.75	N	Fair	Fog in the low grounds.
25 Wed.	5	78	66	29.74	29.70	29.66	S	Fair	do. do.
26 Thur.	55	78	66	29.60	29.56	29.53	S	Fair	Dry and dusty.
27 Frid.	58	78	64	29.53	29.53	29.52	S	Rain	.23 inch of rain.
28 Satur.	64	69	68	29.55	29.55	29.62	N E	Rain	Fog in the morning. .09 inch of rain.
29 Sun.	65	70	63	29.65	29.69	29.70	N E	Rain	.16 inch of rain.
30 Mon.	66	68	66	29.63	29.53	29.48	N E	Rain	.61 inch of rain.
31 Tues.	64	72	65	29.40	29.39	29.35	N E	Fair	.11 inch of rain.

This month has been dry and fair. The crops have suffered considerably for want of rain. Quantity of rain, 2.77 inches. Barometer has ranged from 29.35 to 29.80; thermometer, from 50 to 86.

BOSTON MEDICAL SCHOOL.

THE subscribers continue to receive students in medicine, and to afford them every advantage in the pursuit of their profession. The following course will be pursued during the ensuing medical year. For those gentlemen who intend presenting themselves for degrees after the next series of lectures at the Medical College of Harvard University, special and minute examinations will be held upon the numerous branches of medicine and surgery.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, as well as at the Infirmary, practical lessons in auscultation will be afforded.

Occasional opportunities will be had for private practice in midwifery, surgery, &c.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, in which branch the students will be assisted by one of the instructors.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, is held weekly under the superintendence of one of the instructors.

A regular course of instruction will be given as follows.

On Descriptive and Practical Anatomy and Surgery, by	Dr. STEDMAN.
Theory and Practice of Medicine, by	Dr. PERRY.
Diseases of the Chest, and Midwifery, by	Dr. BOWDITCH.
Materia Medica and Chemistry, by	Dr. WILEY.

Rooms for study, fuel, and light, free of expense.

For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

M. S. PERRY, M.D., 412 Washington st. C. H. STEDMAN, M.D., 7 Hanover st.

H. I. BOWDITCH, M.D., 8 Otis place. H. G. WILEY, M.D., 467 Washington st.

Boston, Sept. 6, 1841.

8 15—epim—copif

MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - - -	Dr. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by - - -	Dr. CHANNING, 10.00
Materia Medica, by - - -	Dr. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by - - -	Dr. HAYWARD, 10.00
Chemistry, by - - -	Dr. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by - - -	DRS. WARE and BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

81—septN

WALTER CHANNING, Dean.

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.
 GRANVILLE SHARP PATRISON, M.D., Professor of Anatomy.
 JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.
 MARTYN PINE, M.D., Professor of the Institutes of Medicine and Materia Medica.
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
 JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a *SUNSHINE CLINIQUE* has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Secretary to the Faculty.

Jy 28—septN1

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1841—42.

The regular Lectures will commence on the first Monday of November.

ROSELY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
 ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.
 JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.
 J. K. MITCHELL, M.D., Professor of Practice of Medicine.
 THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.
 CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.
 FRANKLIN BACHR, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been recently added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., Dean of the Faculty.

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1841—2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by - - - - -	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by - - - - -	ELI IVER, M.D.
Materia Medica and Therapeutics, by - - - - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by - - - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by - - - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by - - - - -	CHARLES HOOKER, M.D.

Fees for a full course, \$75, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—tssep28

CHARLES HOOKER, Sec'y.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 22, 1841.

No. 7.

OPERATIONS FOR CLUB-FOOT AND CURVATURE OF THE SPINE.

[Communicated for the Boston Medical and Surgical Journal.]

DECEMBER 9, 1840, Miss A. E., ætat. 25, daughter of a distinguished clergyman, now deceased, placed herself under my care. She has *varus congenitus* of the left foot, of the third degree. The temperature of the limb is lower, and the foot smaller than the other. The leg is also smaller, and an inch and a half shorter than its fellow. The tarsal bones are loose and easily moved on each other. She is constitutionally slender and delicate, and has not enjoyed good health from infancy. The spine is badly curved, in consequence of her irregular manner of walking; and the sternum hollowed in posteriorly, so as to impede the free action of the lungs and heart. She has frequent palpitations, and labors for breath, particularly on going up an ascent, or making a hurried effort of any kind.

16th. Divided the *tendo-Achillis*, and the *tibialis anticus*, in the presence of Dr. J. Mason Warren, and applied my apparatus, as usual, on the same day.

17th. Has had no pain, and rested well.

26th. Removed the dressings for the second time. Found the puncture made in dividing the *tendo-Achillis*, somewhat inflamed, and had a festering appearance. The ankle was slightly swollen. Applied empl. *plumbi*, and bandaged the leg.

27th. Found the appearance of the puncture much as yesterday. The orifice was open, and not healed as usual by the first intention. In doing this operation, I made use of a knife, in breadth not more than the twelfth of an inch, but the integuments were more divided than usual when I use the *tenotome*. Probably some air was admitted.

29th. On removing the dressings, found the orifice not healed, and discharging a thin, ichorous matter. The skin was inflamed around it, and the integuments adhered to the tendon. Applied court plaster, bathed the limb with camphorated spirit, and bandaged the foot and leg. At night applied a poultice made of *sol. ant. plumbi* and bread.

31st. Appears much better. Inflammation has subsided, and the parts look more healthy.

Jan. 5th, 1841. There is some cedematous swelling of the ankle, but the orifice has closed. Continued bandages and spirituous solution.

20th. Put on a boot. She is to wear this during the day, and apply the apparatus at night.

May 23d. It is now nearly five months since Miss A. E.'s foot was

operated upon. She has walked very well, and occasionally in the streets, for the last two months; and for a longer time about the house. The foot is nearly normal, and she begins to think about taking measures for correcting the curvatures in the spine.

On minute examination, I find she has four lateral curves. The upper one extends quite up to the os occipitis. She inclines her head to the right, and is in the habit of resting it on the right fore-arm and hand; the elbow being supported on a table, chair, or any convenient article that may be near her. The greatest curvature is situated about the middle of the dorsal vertebræ, with its convexity towards the right side. The deviation here is two inches from the mesial line. The right shoulder is elevated. The right scapula projects, and there is very considerable excursion of the ribs on this side. I asked her if she was willing I should cut her back. She unhesitatingly said yes. Dr. J. C. Warren, my friend and brother-in-law, was called in consultation. He advised to an operation.

May 25th. Divided this day the longissimus dorsi, the sacro-lumbalis, and trapezius, in the presence of Dr. J. Mason Warren and Dr. J. V. C. Smith. There was very little blood lost in the two operations, and she bore them with that cheerfulness and equanimity which so strongly mark her character. While in the act of dividing the muscles, she was asked if it hurt her. She smiled, and said "a little—not much." A compress was applied and secured by a bandage.

26th. Slept little last night, owing principally to the compress, which was rather thick, and the tightness of the bandage. Removed the bandage and compress, and applied a common poultice, moistened with tinct. opii. She suffers no inconvenience from the division of the trapezius. Afternoon of this day, she is now quite comfortable; has slept considerable; still feels some dull pain in her back. Recommended, if it continued, 25 drops of tinct. opii at night—also sol. sulph. magnesia.

27th. Slept well. Says she has no pain, but a weary sensation in her back. Laid four hours on the extension plane this morning, without its causing the least uneasiness.

28th. Slept well. Suffers no pain or uneasy sensation in the back or neck. In fact, the division of the trapezius has occasioned no inconvenience whatever, from the first. She has moved her head with perfect freedom. There is a slight tenderness in the back on pressure upon the parts where the muscles were divided.

31st. Has had no pain since last date. Has spent most of the days on the extension plane, and a part of each night. Back much improved.

June 15th. The back continues to improve daily, but she complains that in walking her foot inclines on the outer side. On examination, I find that the foot has outgrown the shoe of the boot, and consequently the foot is cramped and twisted, which causes the weight of the body to rest too much on the outer marginal surface. I regret that I had not known this circumstance before, as it might easily have been prevented by substituting a suitable boot. She has now been walking for some weeks in this cramped condition of the foot.

18th. Think it best to re-divide the tibialis anticus, and the abductor proprius pollicis pedes, and re-apply the foot-apparatus, which I did.

July 1st. Miss A. E. wore the foot apparatus nearly a week, without attempting to walk ; after which she had a boot made adapted to the improved state of the foot, and sufficiently long, since which she has taken her usual walks, with perfect ease to herself, and with the sole of the foot resting naturally on the sole of the boot.

Sept. 6th. The foot is almost entirely restored. It is now fourteen weeks since the operation on the back. She has passed one week of the time in the country. With this exception, she has very steadily pursued a course of orthopedic means to bring the spine into a normal shape. The greatest deviation now is only one fourth of an inch from the mesial line. She has gained over an inch in height, and her health has very much improved. Notwithstanding the various operations on her foot and back, and the various mechanical means she has made use of, she has been regularly gaining flesh and strength ; and her health is in every respect much better than when she came to Boston. She is still continuing orthopedic exercises.

JOHN B. BROWN.

Boston, Sept. 13, 1841.

DR. DAVENPORT'S CASES OF STRABISMUS DIVERGENS.

[Concluded from page 93.]

CASE V.—*July 23d.* Miss Catharine St. Leger, Franklin street, was recommended to my care by Dr. John D. Fisher, on account of divergent strabismus of the right eye, of which her friends give the following report, viz. : that while a child of a few years of age, playing with other children, she received a blow upon the right eye with a pebble, which occasioned a severe and long-continued inflammation, and upon the subsidence of the ophthalmia the squinting was first observed ; and this eye has remained irritable, and subject often to attacks of inflammation, since the accident. The squint is very decided, and is a serious drawback upon the patient's good looks. The vision of the strabismic eye is so much impaired, that with it she can distinguish merely the centre bar of a window. When both eyes are open, the pupil of each corresponds both in size and degree of motion ; but the sound eye being closed, the pupil of the squinting eye instantly becomes largely dilated and fixed ; which last circumstance, taken in connection with the blindness, sufficiently indicates the presence of partial amaurosis. The irides are blue, and the movements of the right eye alone (the other being closed) are normal. General health is good. In the presence of Drs. John C. Warren, J. Mason Warren, and Eastman of Portland, I divided, with scissors and blunt hook, the external rectus muscle, by which the eye was brought into the centre of the orbit, both eyes looking forward. Being requested to turn the eye outward, the patient was able to effect this movement to more than half way between the cornea and the external canthus, and this notwithstanding the complete division of the muscle and investing fascia. When at rest, the eyes again became straight. In this operation there was con-

siderable hemorrhage, and extensive ecchymosis occurred at the time, from the escape of the blood into the loose subconjunctival cellular tissue. Apply compress with iced water, and take two ounces of the solution of the sulphate of magnesia.

24th. The hemorrhage soon ceased upon applying the iced water. Now there is no pain, and but little uneasiness about the eye; the ecchymosis has extended to the internal canthus, forming half of a circle round the cornea. The eye is in the centre of the orbit. May close the sound eye and exercise the other.

27th. The ecchymosis has in a great measure disappeared, and the patient bears the light well. With the eye operated upon she is now able to read large letters on a handbill.

Aug. 12th. The eye looks perfectly well and retains a correct position. Can now distinguish letters of less than half the size of those above mentioned.

CASE VI.—This case presents the only instance in which I have met with double divergent strabismus; and being in all respects of an unfavorable character, I advised the patient of the small chance it afforded of a successful result. With this understanding I was willing to make the attempt, hoping that the deformity, which was very great, would at least be somewhat diminished thereby.

Miss M. D., æt. 24, the patient referred to—a young lady of intelligence and resolution—was recommended to me by Dr. H. B. C. Greene. Her mother informs me that at the age of two years, she was attacked with inflammation (probably of a strumous character) in the right eye, and that three years afterwards the same occurred in the opposite eye. After the ophthalmia had subsided, opacities were observed upon the cornea of each eye. In the course of two or three years from that time, the existence of strabismus was noticed by the family. Present appearances: if the patient directs the right eye (being that upon which she depends for useful vision) upon an object immediately before her, the left eye turns outward so that the external margin of the cornea is partially concealed by the eyelids; but when her attention is not particularly fixed upon any object, both eyes diverge—the right slightly. By closing the right eye she can readily bring the left into the centre, but cannot turn it fully towards the internal canthus. Both corneæ are opaque. The opacity of the left is diffused or nebulous, and is situated directly over the pupil, while that of the right is dense and pearl colored, like albugo, and is somewhat to the right of the pupil—which circumstance may explain the evident tendency in this eye to diverge, as by so doing more light is admitted through the pupil; and this object is assisted by a habit of inclining her head a little towards the left when reading or sewing. In this way she is enabled to see well with the right eye, but the vision of the other is much impaired. The irides are of a blue color, and the pupils dilate and contract naturally. The eyeballs are well formed and rather prominent.

Assisted by Dr. Greene, Dr. Gay, and Dr. Tuck of Barnstable, I divided the external straight muscle of the left eye, according to the plan pursued by Mr. C. R. Hall, of England. An aperture or incision was made through the conjunctiva, from two to three lines from the external

margin of the cornea, and nearly on a line with the inferior margin of the rectus externus muscle; into this was introduced the probe-pointed blade of the scissors, which was pushed horizontally towards the body of the muscle, and then by depressing the handle and directing the blade upward, it was passed beneath the tendon, and by closing the blades the tendon, cellular membrane and conjunctiva were divided by one stroke. In this particular case, a curved probe was passed under the tendon before introducing the blade of the scissors, but this is an unnecessary precaution, besides which it prolongs the operation. Upon unclosing the opposite eye, the left was nearly or quite straight, and the right as before—a little divergent. For a single instant, the patient had double vision, which passed away like a flash and did not recur. This phenomenon, equally strange and unexpected, caused her much alarm, which was happily of momentary duration. The tendon, in this case, was broad and flat; it was completely divided, and the sclerotica was exposed to a considerable extent; yet upon making the experiment, it was found that the eye could be turned outward much beyond the centre of the orbit, as in Case V. At the same time the patient had regained the full power of turning the eye into the inner canthus.

31st. Looking with the right eye, the left still inclines a little outward; otherwise doing well. Likewise the patient reports that the vision of the eye operated upon has improved since the operation. She was directed to cover the right eye and make use of the left. This direction was not fully complied with, from an apprehension, on her part, that it would lead to permanent injury of the other eye.

With regard to the final result of this case, sufficient time has not elapsed to enable me to speak with certainty. There is an evident improvement, which may be permanent or may not, and the case may be subjected to another operation.

A short time since I was consulted by the father of a boy, about five years of age, who had been subject since infancy to divergent strabismus of the right eye. Upon examination, I found that both eyes were extremely myopic (the focal distance in reading common print, being less than four inches), and were affected with constant oscillation, similar to what occurs in connection with congenital cataract and other congenital diseases of the eye that impair the power of vision. There was no apparent disparity in the vision of the two eyes, and in reading both corresponded in direction; but the moment his attention was directed to any distant object, the right eye diverged widely from the centre. The child's mother (now deceased) had divergent strabismus of one eye. Division of the muscle being deemed premature, I advised Mr. F. to let the boy wear, except when engaged in reading or in school, a pair of concave glasses accurately adapted to *each* eye, and having the right outer half of the right glass ground or otherwise rendered obscure, so that the pupil might be directed forward towards the transparent portion. For this suggestion, as well as for much valuable assistance in ophthalmic operations, I am indebted to Dr. H. B. Inches.

Dissection of the Eye, after the Operation for the Cure of Strabis-

mus.—This notice is taken from the London Medical Gazette, and if it has not already appeared in the Journal, I will thank you to publish it.

"George Clark, æt. 30, had an operation in St. George's Hospital for strabismus divergens on 1st December, and died from pulmonary disease on 1st January. The eye and its appendages were removed and carefully dissected. It was found that the external rectus was completely divided, just at the part where it was beginning to be tendinous; that the muscle itself had retracted to the distance of about three fourths of an inch from its natural attachment, but that it still remained attached to the globe by a strong band of cellular tissue. This band was about three lines in width, and six in length, and was attached to the ball of the eye about two lines behind the original insertion of the muscle; and such was its strength, that it admitted of being pretty forcibly pulled upon without giving way. There can be no doubt that this band consisted of the loose cellular membrane, which naturally connects the muscle with the globe, stretched into this elongated form, and afterwards condensed by inflammation.

"*Query.*—What part does the investing fascia of the straight muscles take in the re-union of the divided muscle with the globe?"

Case of Intermittent Strabismus.—While upon the subject of strabismus, I beg leave to present to the readers of the Journal, a brief sketch of a well-marked case of the periodical or intermittent form of that disease, which I was allowed to examine by the kindness of Dr. John Flint, who attends the family. The details were furnished me by the mother of the child, a lady of intelligence and observation.

H. C. W., between three and four years of age, an active but delicate child, with eyes of a dark-hazel color, and of a remarkable clearness and brilliancy. When about 18 months old, her mother noticed, for the first time, that strabismus convergens of each eye occurred spontaneously for the period of three successive days, and always towards the latter part of the day, and having on each day continued for the space of a few moments only, the obliquity entirely disappeared. Three or four weeks subsequently, upon waking from sleep, both eyes were again inverted, and this attack or paroxysm continued until bed-time. The following day both eyes were straight, but on the next or third day, both turned about noon, and so remained until she retired for the night. After a second interval of three or four weeks, she again had a recurrence of the squint upon waking in the morning; but after a sleep at noon, the eyes were straight. In the course of a week or ten days, her eyes were observed to be turned for several days in succession, the squint commencing about mid-day and lasting till night—being straight upon rising each morning. On one afternoon, while slightly indisposed, Mrs. W. observed that the child's eyes were alternately crossed, and then became straight, several times during the space of a few minutes; or, in other words, there occurred a quick succession of spasmodic contractions of the straight muscles of the eyes. Shortly afterwards the squint became confirmed in the left eye, the right ceasing to be subject to it, and the paroxysms recurred regularly on alternate days. It would be more exact to say that after lasting throughout one entire day, the following morning there oc-

curred an intermission, which varied in duration from several hours to a whole day, to be succeeded on the next by the regular quotidian paroxysm, if I may be allowed the use of the term. With a few exceptions to be noticed presently, this has been the course of the complaint for more than twelve months. First, at about 2 years of age she was attacked suddenly with convulsions, after which both eyes were straight during that and the succeeding day. The same thing took place six months afterwards, when she had a second attack of convulsions. These two, I may observe, are the only attacks of convulsions she has had, on which point I was particular in my inquiries, from the belief that such are not infrequently the cause of strabismus. Second, in November last, making a visit into the country, she travelled several miles upon a rail-road, and complained that the motion of the cars produced a sensation of dizziness, with some nausea. Soon after arriving at their place of destination, she was somewhat indisposed, and the left eye became inverted, and continued so for about five days without any intermission. Her return to Boston, by the same mode of conveyance, occasioned the same unpleasant feelings, and produced the same effect on the eye.

With regard to the health of this patient, her mother states that she has never been seriously ill, with the exception of the attacks of convulsions above mentioned, nor did she suffer much from dentition, to which cause the convulsions did not seem referable. Now the child appears to be in perfect health, and her power of vision is nowise impaired.

Boston, No. 11 Winter street, Aug. 14th, 1841.

DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 98.]

VENESECTION.—In 1798, influenced by the high authority of Dr. Rush, bloodletting was carried to a great height. From the expectation, that by the combined force of this mode of depletion, together with the purgative properties and specific action of calomel, this formidable enemy might be overcome, recourse was had to copious detractions of the vital fluid. As to the quantity, we were scarcely guided by admeasurement; we permitted the blood to flow until we imagined the symptoms were in some degree ameliorated. In by far the greater number of cases, profuse bleedings were productive of exhaustion to such an extent that the possibility of recovery was greatly diminished. There indeed may arise certain conditions in which a well-timed and judicious use of the lancet may be attended with benefit; but the cause of the fever cannot be extinguished by abstractions of blood, however copious. In contagious, or self-limited diseases, the sole object of depletion is to remove irritation, from whatever source it may spring. If the "cause" of the yellow fever, therefore, depend upon a peculiar kind of inflammation which may be increased by *excessive* vascular action, all the advantage to be derived from venesection is the emission of as much blood as is sufficient to take off the *excess*; a few ounces more than enough to produce this effect depress the strength to such a degree as to retard recovery, and sometimes induce fatal debility.

Hence it requires great acumen and tact to *hit* upon the proper time for venesection, and the proper quantity of blood to be drawn.—The word *hit* is employed; because, on account of the circulatory organs being thrown into great commotion by the cause of the fever, the pulse affords no criterion by which we can ascertain the true state of the disease. From the anatomico-pathological researches by minds of superior sagacity and experience, no appreciable inflammation (to subdue which, of all the remedies made use of, especially in the yellow fever, copious venesections are considered by some the “*SINE QUA NON*”) is found in either of the viscera of the three cavities. It is otherwise in pneumonia, in which, when the pulse is full, hard and frequent, the taking of blood in sufficient quantity to lower vascular action and give freedom to respiration may not be injurious; but when, though full and frequent, it be easily compressible, this mode of depletion must be resorted to on no consideration; the compressibility of the pulse being the result of nervous irritation and not of inflammation.

In E. Shattuck's case, it may be inferred spontaneous hemorrhage having had a great agency in causing the recession, and determining the first stage of the fever, it affords a strong presumption in favor of the utility of vascular depletion, and, therefore, it ought not to be omitted. Because the violence of the fever is mitigated by spontaneous hemorrhage, it by no means follows that a corresponding relief will be experienced by drawing blood by artificial means. The spontaneous effort of nature to relieve itself, the sudden and salutary change that ensues, the precise time when the hemorrhage will do the most good, as well as the quantity to be discharged, cannot be imitated. Hence the advantage to be derived from venesection is, at best, precarious. Spontaneous hemorrhage does not often prove critical. “Mr. Gibson, of the Bombay Medical Department, pronounces, that bleeding is not to be hazarded, except occasionally, to the new-comer, and that spontaneous hemorrhages, instead of proving critical, have always seemed to hasten death, and indeed, without a single exception, in his experience, to prove fatal.” In the case before us, however, as the blood, instead of being dissolved and putrid, resembled in color and consistence that drawn in inflammatory diseases, venesection might have done no injury; but nevertheless it may be laid down as a general rule, that bloodletting does “no good.”

In 1819, I performed the operation but twice; which was of no service in one instance; in the other, which was the case of Mrs. McFarland, who was enceint,* the immediate result seemed to make a favorable impression on the disease. (It so happened, her room being in a state of disorder, I let blood while this lady was in an erect posture.) As to the quantity, which was twelve ounces, I was governed by the influence it had, while flowing, in altering the character of her pulse. The blood was contained in a pint bowl; its surface was convex, sizzly and light colored; in form, consistence and color, an exact contrast to buff. But as this operation was followed immediately by an emetic, and such other remedies as the circumstances seemed to indicate, the advantage to be de-

* For orthography, see Webster's Dictionary.

rived from it was problematical. In my opinion, however, it coöperated with the other remedies in producing a successful result.

Finally, profuse bleedings are of doubtful efficacy, and ought not to be hazarded without the most mature deliberation; the practice of indiscriminate depletion by bloodletting and calomel, with the view of extinguishing the "cause" of yellow fever, is preposterous.

With regard to venesection, it may not be uninteresting to review the conflicting opinions of practitioners who have sustained a high rank in their profession, and whose experience has been extensive. To effect this object, recourse will again be had to Dr. Good's "Study of Medicine."

"Dr. Lind, Dr. Clark and Dr. Balfour, whose authorities were implicitly allowed and submitted to some fifteen or twenty years since, shuddered at the thought of the lancet, and generally commenced with clearing the stomach and intestinal tube by gentle emetics, or purgatives, or both, &c. The last of these physicians had recourse to the lancet where there was obvious proof of very violent local affection.

"The times, however, are changed, and by far the more popular plan of late years has consisted in active, profuse and repeated venesections, &c. Dr. Rush, regarding the inflammatory impetus as the sole cause of danger, boldly resolved to lay prostrate, if possible, the morbid Hercules at its birth, by bleeding, according to the state of the pulse, two or three times a day during the first two days, and by following the same plan as long as a single germ of an inflammatory diathesis should continue to be manifest. 'I paid no regard,' says he, 'to the dissolved state of the blood, when it appeared on the first or second day of the disorder, but repeated the bleedings afterwards, in every case, when the pulse continued to indicate it.' This plan he often pursued through the fifth, and even the seventh day, in the course of which period, from a hundred to a hundred and twenty ounces of blood were frequently taken away by six or eight applications of the lancet.

"Blood, instead of being taken away gradually and successively on the principle of a gradual depletion, in conformity to the practice of Dr. Rush, has by many, and especially by Dr. Jackson, who seems to have introduced the practice, been drawn off, on the accession of the disease, to thirty or forty ounces at once, with the view of making a decisive impression upon the system; the same bold use of the lancet being repeated, if such impression be not effected.

"Where there is not much impetuosity in the onset, no great derangement or prognostic of inflammatory congestion in the larger viscera, where the remissions are regular, and the epidemy is pretty uniform in its character, large and repeated bleedings, as a general rule, must be mischievous. They will not shorten the career of the disease, but they will convert the remittent into a continued fever; and we shall in the latter stage of its course stand wofully in need of that strength which we shall have squandered away at first, if we have commenced with profuse venesection.

"Dr. Hunter, in a tone still more generally proscriptive, and which will meet with few defenders at present, thought himself justified in affirming respecting venesection, that even 'in such cases as seemed most to require it—for example, where the patient was young, strong, of a full

habit, and lately arrived from Europe—when the pulse was quick and full, the face flushed, with great heat and headache—and all these at the beginning of the fever—bleeding did no good!

“The following is Dr. Good’s remark on Dr. Pinkard’s case:—Here a freer use of the lancet would have been of no avail, and, had not the author most judiciously forbade its further employment, in all probability he never would have been the historian of his own case.*

“If the disease make its incursion with great impetuosity; if the pulse be full and strong, or even if it be only hard, and there be great tendency to inflammatory congestion in any of the large organs, as the head, the chest, or, as is far more common, the stomach, the spleen and the liver, we cannot well be too bold both in bleeding and purging; and the plan laid down by Dr. Rush is by no means an exaggeration of what ought to be pursued.

“Dr. Pym speaks with a very just discrimination upon this subject, in observing that while the Bulam fever, or the disease in its most violent attack, is relieved by free venesection, the yellow fever, more properly so called from the brighter hue on the surface, or, in other words, that which is slighter in its incursion, will not often endure the lancet. Dr. Musgrave’s assertion seems to oppose this assertion, for he distinctly tells us that bloodletting in both forms is our sheet anchor; the only pillar on which we can securely rest any hope of *extensive* success. ‘We have repeatedly,’ says he, ‘with success, taken upwards of forty ounces of blood at one bleeding. With equal success we have in several cases renewed the bleeding up to the third, and even the fourth time; but, generally speaking, those which require such reiterated evacuation evince an obstinacy NOT LIKELY TO ADMIT OF A FAVORABLE RESULT UNDER ANY MODE OF TREATMENT. IT MUST ALSO BE REMEMBERED, THAT EVERY ONE WHO APPLIES FOR ASSISTANCE IS NOT ALIKE ABLE TO BEAR THIS LIBERAL DEPLETION.’”

[To be continued.]

DEATH RESULTING FROM EATING SLATE-STONE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed recently in your Journal, reports of several cases of perforation of the stomach and bowels, I am induced to send you a brief account of a case of perforation of the stomach from *eating slate-stone*, which occurred within my observation a few months since.

Miss B——, the subject of this case, 17 years of age, was of robust constitution, and possessed an unusual degree of mental and physical activity. Late in the evening of Thursday, the 23d of January, 1841, she was taken with a severe pain in the left side, after returning home (the distance of a mile and a half) from this village, where she had been attending a meeting. At this time Dr. Moore, of this village, was sent for, who gave her an emetic among other means, when she vomited up some slate-stone. Nothing serious, however, was apprehended from this

* See Good’s Study of Medicine, Boston, Vol. II., p. 186.

cause. Early on the morning of the 24th, I was summoned to attend her, Dr. Moore being from home. On arriving at her abode, I found her in extreme distress, and in a state of high agitation, the friends supposing her dying. After a short time, however, she became composed and comparatively comfortable, with the exception of a severe pain in the abdominal region. The bowels were swollen, and there was some tenderness of the same. There had been no cathartic operation, although she had taken several doses of castor oil during the night. At this time an enema was used, which brought away slate-stone, both in a dissolved and concreted state. On inquiry, it was ascertained that she had been in the habit of eating slate-stone every day for several weeks, and occasionally for months. In the evening of this day Dr. Moore, and Dr. Denison of Oran, saw the case with me, and concurred in the diagnosis and treatment. There had still been no cathartic operation; bowels more swollen, and occasional nausea at the stomach; pulse more feeble, and strength failing. Thus she continued to the time of her death, which took place on the morning of the 27th, three days from her first attack. No free catharsis took place till near the close of her sickness, although cathartics and enemas were thoroughly used, sustaining her by stimuli as seemed to be necessary. Nearly a pound of slate-stone is supposed to have passed away with the enemas which were used. Her mind remained clear up to the time of her death, and she seemed perfectly sensible of the cause of her sickness as well as the fatal termination which awaited her.

Post-mortem Examination, eighteen hours after death.—Natural expression of features; abdomen excessively distended. Proceeding to examine the stomach and bowels, as soon as the scalpel penetrated the abdominal cavity, a considerable quantity of fluid, with some air, was expelled. After the fluid was taken up sufficiently to permit me to view the opening from which it came, a ligature was applied, and I proceeded to examine the intestinal tube as it lay in the cavity, and afterwards to remove it, together with the liver, kidneys and bladder. Evidence appeared of slight inflammation having existed throughout the whole peritoneum. No appearance of stricture or distension of any part of the bowels was seen. On opening the intestine, in various parts of its extent it was found to contain the same slate-colored fluid and concretions which the patient discharged previous to death. Small flocculi or flakes of slate-stone were also seen within the folds of the intestine, which were not easily washed off. On examining the stomach, the ligature was removed from the opening, which was found to be a perforation, situated in the right curvature of the stomach, about two inches from the pylorus. It was about the size of a goose-quill. The edge presented an uneven, irregular appearance, of a dark color, resembling cauterized flesh, which could not be washed off. On washing the internal surface of the stomach, which was covered with fine flakes of slate-stone, marks of inflammation were seen in that portion of it surrounding the perforation. The liver, kidneys and bladder presented their usual healthy appearance.

Manlius, N. Y., Sept. 13th, 1841.

HORACE NIMS.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 22, 1841.

MORBID THIRST FOR ARDENT SPIRIT.

It is well known that water does not instantly allay the morbid thirst which prompts the drunkard to drink intoxicating draughts. It is only by a long course of moral training that the disposition to renew those maddening potations which plunge the inebriate into an abyss of misery, can be effectually overcome. An intimation is given, in a highly respectable publication, that a simple swallow of milk may assuage this stomach-burning of the drunkard. If such is the fact, the remedy is so very simple, and so completely, too, within the reach of the poorest outcast of humanity, that those who sympathize with the wretched victims of the vice of drunkenness, and who have opportunity, cannot do less than institute a series of experiments with a view to ascertaining whether there is any confidence to be placed in this proposed remedy.

Bowen's improved Apparatus for managing fractured Limbs.—"It is the best apparatus, I say unequivocally," says Dr. Parker, of New York, "that I have seen. It embodies all the advantages of Boyer's, Desault's, Gibson's, Bell's, Amesbury's and Smith's, with other merits of much importance, which none of these last-mentioned instruments possess." Dr. Cadwell, a surgeon of Watertown, N. Y., assures us that this is admirably constructed for making extension; and from a close examination, we think, for ourselves, that it is a highly ingenious piece of mechanism, which must fulfil the intentions of the artist. The manufacturer is Mr. Nathaniel S. Raymond, a New-England mechanic, who resides at Utica, N. Y., where orders may be sent. The agents in Boston are Messrs. Brewer, Stevens & Cushing, druggists, No. 90 Washington street. A complete machine for the leg and thigh is left with the editor, which is for the inspection of any who have either curiosity to gratify, or a desire to possess an important, useful surgical instrument. A description of it is wholly out of the question. Even with a plate there would be a difficulty in exhibiting the sliding joints: it must be seen to be understood or appreciated.

Pennsylvania College.—By a copy of the circular of the medical department of this College, we are reminded of the revolution of another year since a notice was taken of this same Institution. It seems that no essential alterations have been made since last season. Surgery, as will be seen by the advertisement, is in the hands of the celebrated Dr. Geo. McClellan, and anatomy and physiology, as in past times, is retained by the faithful Dr. Morton. Dr. Bird commences a new career, in the chair of materia medica and pharmacy. It seems to us that a man of his high literary endowments will find the details of either of these subjects rather dull. Tickets, \$15 each; graduation, \$25. Students have every possible facility—and from a personal knowledge of some of the faculty, we feel assured that those who resort there, will be well and profitably instructed.

University of Maryland.—On the first Monday of September, the lectures commenced, according to the circular of the faculty of physic. We regret not having observed sooner that the term commenced thus early in the season, since we are deprived thereby of the opportunity of making the fact known for the benefit of such medical students as might be disposed to attend the lectures of a deserving institution. Dr. Smith, the surgeon, known extensively, has no superior and few equals in his department. Fees for the ticket of each chair, \$20—making a total expense for tuition, of \$120. Hospital and infirmary advantages are not inferior to those of any other school, north or south.

Phrenological Journal.—Nathan Allen, M.D., the able and amiable editor of the only Journal in this country devoted to the dissemination of the principles of phrenology, has resigned the charge, much to the regret of those who have heretofore looked to him for all the intelligence appertaining to this special department of philosophy. Before leaving, Dr. Allen had completed the third volume, the expenses of which, say the proprietors, have exceeded the receipts by several thousand dollars.—Messrs. O. S. & L. N. Fowler, the best practical phrenologists in the United States, if not in the world, according to the opinion of good judges, are the sole owners, and by them it will probably, in future, be conducted. We know all about being the *loser* in publishing a periodical, and therefore heartily commiserate fellow sufferers.

Homœopathic Examiner.—A double No. for July and August, came as late as the 10th of the present month, which is not quite as punctual as formerly, or at least not so early as the patrons would like to have the work. Dr. Hull has associated with him in the editorial management of this very beautifully executed periodical, Dr. Gray, a friend of whom he speaks in the kindest manner. The whole of Dr. Robert Capen's concise account of the mode of managing dislocations, taken from the American Medical Almanac, of the present year, is re-published in the Examiner. This is quite complimentary to Dr. Capen—a capital writer and good practitioner, who resides at Plymouth, Mass. A paper prepared by Dr. C., on the treatment of ulcers, distinguished for its brevity as well as sound sense and other good properties, will appear in the next annual volume of the Medical Almanac.

Guardian of Health.—Thomas E. Bond, Jr., M.D. and Chapin A. Harris, M.D., of Baltimore, are the joint editors of an interesting monthly periodical, devoted to domestic hygiene, with the above title, a specimen of which, comprising Nos. 1, 2 and 3, is before us. In every family, whether at the South or North, this publication would be prized if there was a single ray of intelligence in the household. The article entitled "*Remedies in case of Poisons and Accidents*," printed on a card, and nailed up in every dwelling throughout the entire country, would save many lives which are annually sacrificed as martyrs to ignorance. The paper on croup is worth committing to memory by all mothers. In a word, the plan and whole execution of this new journal is unexceptionable, and we shall be gratified to aid in extending its circulation as widely as its merits deserve.

Popular Lectures on the Structure and Functions of the Human Body.—Dr. Dunbar, of Baltimore, is about delivering a popular course of lectures in that city, illustrated by casts, drawings, and one of the Auzoux mannikins. In addition to the best of personal requisites, Dr. D. will have at command all the facilities of an extensive private cabinet, which has been collected with great care and judgment, and he will therefore be very happy and instructive. The public are always willing and earnest to sustain any efforts made for the diffusion of useful knowledge.

Boston Lunatic Hospital.—Another valuable report of the past and present condition of this Institution—distinctly a lunatic hospital for the poor—by Dr. Butler, is published. The tables are elaborately constructed, and the whole account is so plain and satisfactory that it is a good model for others to follow in similar hospitals. Not having room for copying the statistical details the present week, a future notice will embrace the most important parts of the report.

Medical Promotions and Appointments in the Navy.—Passed Assistant Surgeons to be Surgeons:—Daniel C. McLeod, July 23, 1841; Lewis Wolfley, July 29, 1841. From Sept. 8th, 1841:—Lewis W. Minor, William J. Powell, J. Frederick Sickels, N. C. Barrabino, Henry S. Reynolds, M. G. Delaney, Wm. F. McClenahan, Wm. L. Van Horne, Daniel S. Green.

Appointments.—To be Assistant Surgeons, Sept. 8, 1841:—A. A. Henderson, Pa.; John Hastings, Pa.; C. H. Broughton, Va.; R. T. Maxwell Del.; Ed. McKinley, Pa.; A. P. J. Garnett, Va.; Hugh Morson, Va.

New Medical Books.—The following works have lately been published in London:—*The Cause and Treatment of Curvature of the Spine, and Diseases of the Vertebral Column, with Cases.* By E. W. Tuson, F.R.S., F.L.S., Surgeon to the Middlesex Hospital. With 20 plates, price 16s. 6d.—*Brande's Manual of Chemistry*; thoroughly revised and greatly enlarged; and incorporating all New Facts and Discoveries in the Science, Foreign as well as British. By William Thomas Brande, F.R.S., of the Royal Mint; Professor of Chemistry in the Royal Institution. 1500 closely-printed pages, 8vo. with numerous wood cuts, 35s., the fifth edition.—*Deformities of the Spine and Chest, successfully treated by Exercises alone, and without Extension, Pressure, Division of Muscle, or other painful and useless Operations.* Illustrated by many Plates. By C. H. Rogers Harrison, M.R.C.S., &c.—*The History of Syphilis, and of its Cure without Mercury.* By G. Hume Weatherhead, M.D., Edin., Member of the Royal College of Physicians, &c. Price 6s.—*The Present State of Aural Surgery*; with Remarks on the present Mania for unnecessary, bold and dangerous Operations, Catheterism, &c. By John Harrison Curtis, Esq., Surgeon to the Royal Dispensary for Diseases of the Ear. Price 1s.—*The Human Brain*; its Configuration, Structure, Development, and Physiology; illustrated by References to the Nervous System in the lower Orders of Animals. By Samuel Solly, F.R.S., Lecturer on Surgery, and Assistant Surgeon to St. Thomas's Hospital, &c. One vol. small 8vo. with twelve Plates. Price 12s.

TO CORRESPONDENTS.—Dr. J. M. Warren's report of operations for the cure of wry neck, and Prof. Hamilton's cases of varicocele, with other papers before acknowledged, are on file for publication.

MARRIED.—In South Reading, Nathan Allen, M.D., of Philadelphia, to Miss Sarah H., eldest daughter of Dr. Thaddeus Spaulding, of S. Reading.

DIED.—At Montpelier, Vt., Dr. Jacob Gleason, formerly of Medford, Mass., 34. —At Washington University, Baltimore, Dr. J. J. Laphen, resident physician.

Number of deaths in Boston for the week ending Sept. 18th, 46.—Males, 26; Females, 20.
Of consumption, 4—bowel complaint, 3—infantile, 1—old age, 2—dysentery, 10—accidental, 1—measles, 1—typhus fever, 3—diarrhoea, 4—dropsy, 1—fracture of the knee, 1—teething, 1—child-bed, 1—lung fever, 1—suicide, 1—cholera infantum, 1—disease of the heart, 2—inflammation of the brain, 1—canker in the bowels, 1—chronic bronchitis, 1—disease of the liver, 1—debility, 1—liver complaint, 1—inflammation of the bowels, 1.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.
The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
GEORGE McCLELLAN, M.U., Surgery.
WILLIAM RUSH, M.D., Principles and Practice of Medicine.
ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
SAMUEL McCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., *Dean.*

MASSACHUSETTS MEDICAL SOCIETY.

There will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street.

GEORGE W. OTIS, JR.

S. 22—tm

Recording Secretary.

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1841-2, will commence on Thursday, September 30, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. LL.D.
Theory and Practice of Physic, by	ELI IVES, M.D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

Fees for a full course, \$76, to be paid in advance. Abundant facilities for dissections at a very moderate expense. Graduation fee, \$15.

Yale College, New Haven, July 6, 1841.

Jy 14—uep28

CHARLES HOOKER, Sec'y.

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the first Tuesday in October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D., Rochester.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	JOHN DELAMATER, M.D., Sarat. Springs.
Principles and Practice of Surgery, by	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator, - - - - -	SUMNER RHODES, M.D. Geneva.

Geneva, August 17, 1841.

S 1—eptO

C. B. COVENTRY, *Dean.*
JAMES HADLEY, *Registrar.*

PROLAPSUS UTERI.

The attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Supporter and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2.50 to \$7, according to finish. Perineum straps (extra) at 75 cts. to \$1.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mayot, Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 3 Winter, corner of Washington st., Boston.—The instrument may also be obtained at the Medical Journal office.

A. F. BARTLETT.

Nov. 25.—2w&1am6m.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—epif

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

Session 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARR, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
on Surgery, by	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city. W. E. HORNER,
Aug. 20, 1841. A 23—tDecl Dean of the Med. Faculty, 253 Chestnut st., Philadelphia.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by	DR. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by	DR. CHANNING, 10.00
Materia Medica, by	DR. BIGSLOW, 10.00
Principles of Surgery and Clinical Surgery, by	DR. HAYWARD, 10.00
Chemistry, by	DR. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by	DRS. WARR and BIGSLOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was Voted, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

A 1—epfN

WALTER CHANNING, Dean.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND Session of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, SEPTEMBER 29, 1841.

No. 8.

DIVISION OF THE STERNO-MASTOID MUSCLE FOR WRY NECK.

BY J. MASON WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS requested by my friend, Dr. Davenport, to see a boy 16 years old, affected with wry neck, and received the following history of his case.

When four years of age he had a fall from the top of a stair-case to the bottom. He was alone at the time, and on being taken up no wound was to be discovered on any part of the body; he complained, however, of a pain in the left side of the neck. Shortly after the accident, it was found that the head inclined to the left, and that the muscles of that side were in an unnatural state of tension. This distortion gradually increased, until it attained the appearance which it presented at the time I saw him, twelve years after the accident. At this period he was suffering from frequent attacks of headache, and from an almost constant and severe pain in the diseased side of the neck. He was rather short of his age, and the distortion aided much to diminish his natural height.

On viewing him in front, the following were the appearances observed. 1st. The head was drawn down to the left side, the ear usually resting on the left shoulder, although he had the power of raising it a little from that position. 2d. This inclination was accompanied by a rotation of the head, so that the face regarded the right shoulder.

Observed from behind, there was a deep sulcus on the left side of the neck, with a corresponding projection on the right side, made by the transverse processes of the cervical vertebræ. A curve had taken place both in the cervical and in the lumbar portions of the spinal column. The left shoulder was higher than the right. The left side of the chest was projected, and there was a considerable excavation of the ribs on the opposite side. On examination of the vertebræ, proceeding upward, the spinous processes of the cervical portion could be distinguished until the third vertebra was arrived at; here the line of the column was lost, being concealed under a large mass of muscle; with great care the spinous process of the second cervical vertebra was discovered, having performed a rotation of nearly the quarter of a circle on its axis. The sterno-mastoid muscle of the left side, on being examined, was found to be very strongly retracted, as well as the deep-seated muscles of the neck; the scaleni particularly could be made out in an unnatural state of rigidity. The former, however, appeared to be the chief obstacle to the endeavors for bringing the head to an upright position.

In addition to these changes, the face had undergone a remarkable alteration worthy of notice. The whole left side of the face was more or less atrophied, and each of its component parts was much smaller than those of the other side; the left eye was much smaller than the right, which was raised up, and on a level higher than its fellow, and this appearance was not owing to the inclined position of the head alone, as was more distinctly verified when the face was brought into its natural position after the operation.

The health of the patient was not strong; and in addition the mortification of being afflicted with so severe a deformity, the pain at the spot where the curvature was most extreme was at times excessively severe. He lies commonly on his right side, sometimes on his back, but never by any chance on the side diseased.

It having been ascertained, so far as was practicable, that the chief obstacle to the restoration of the head existed in the unnatural state of the sterno-mastoid muscle, it was determined to divide it at its sternal insertion, the retraction, according to Guérin, who is considered the best authority on this point of surgery, commonly existing in this portion of the muscle.

The operation was performed on the 4th of December, in presence of Dr. Brown, Dr. Fisher, Dr. Davenport, Dr. Davies of Portsmouth, and Dr. Warren, Sen. The head being well supported, and carried a little forward, so as to project the muscle outward from the subjacent parts, the patient was directed to make strong efforts to exaggerate the existing rotation, so as to produce as great a tension of the muscle as possible. A puncture was now made with a lancet through the skin, about six lines above the clavicle, between the sternal and clavicular portions of the muscle. The narrow, blunt-headed knife of Bouvier was next introduced, its flat side towards the muscular fibre, carried behind the sternal head, its edge turned towards the muscle, and the section completed by a slight sawing motion. The effects of this operation were at once manifested by a distinct crackling sound, by a separation of the divided parts, and by the partial restoration of the head to its natural position, also by the possibility of rotation in every direction. The wound on the neck was covered with a bit of court plaster, a cap placed on the head, to the back of which, opposite the right mastoid process, a strap was attached, and being drawn tight was secured over the breast of the same side.

On the following day he was quite comfortable; he had slept well, lying on his left side, which he had been unable to do previous to the operation; the pain in his neck had entirely left him. The plaster covering the wound was removed at the end of forty-eight hours, entire cicatrization having taken place. The patient was now directed to wear a stock on the neck, and to make strong and constant efforts to rotate the head; he was also placed on an inclined plane for three or four hours daily, the head secured by a bandage carried under the chin and attached to the upper part of the board.

In the course of a fortnight a very great improvement was perceptible; the head, however, had not yet regained its proper position, but was still inclined to the left; the divided muscle had united, a firm and almost cartilaginous substance being apparent at the point of union. The clavi-

cular portion of the muscle had become much more prominent since the division of its sternal attachment, and now felt round and corded—presenting an obvious obstacle to the adjustment of the head. It was therefore thought advisable that the division of this part of the muscle should be effected, and in order to derive the full advantage from it, the operation was performed in the following manner.

The head being well supported and the muscle sufficiently relaxed, the body of the sterno-mastoid, just above its division into sternal and clavicular heads, could be readily seized between the thumb and forefinger and completely isolated from the deep-seated parts. A sharp-pointed knife was now carried behind the muscle, until it could be felt by the finger under the skin on the opposite side, and the patient being directed to place the muscle in strong contraction, the section was completed without difficulty.

This second operation was not followed by any inflammation, the wound being quite healed at the end of forty-eight hours; and by persisting in the treatment before directed, the head was very shortly restored to its normal position. At the present moment, nine months after the operation, I have made the following observations of his appearance.

To a person regarding him in front, a slight cant of the head is observable to the *right* side, evidently owing to the constant and determined efforts of the patient to overcome his deformity by carrying the head in an opposite direction. The face still presents the alteration already pointed out, viz., an atrophy of the whole of the affected side; the eye of the left side is much less prominent, the lid more closed, and the level of it lower than its fellow; the whole osseous, cellular and muscular system partake in this alteration or want of development.

From behind, the following changes are visible. The dorsal and lumbar curvatures of the spinal column have disappeared, and the shoulders have regained their natural elevation. The excavation of the ribs on one side, and the projection on the other, are fast disappearing. The right half of the muscles of the neck still remain greatly developed above that of the other side, and a slight curve still exists in the cervical vertebræ. The health of the patient has greatly improved, and his appearance is so completely altered since the operation, that his former friends scarcely recognize him.

CASE II.—The following case was operated upon by Dr. John C. Warren, in the first part of June.

The patient was a little girl, 9 years of age. When about four weeks old, the parents observed that the muscles on the left side of the neck were in an extraordinary state of tension; it was not, however, until the age of four years that the head began to be distorted, and from that period the distortion has gradually increased, so that at present the contraction is so great as to bring the mastoid process nearly in contact with the left shoulder, accompanied by a strong rotation of the head to the right. This distortion has evidently had a great effect on the health of the child, who is pale, emaciated, and of a feeble constitution. A double lateral curvature of the spine exists, though not so marked as in the preceding case.

Under these circumstances Dr. Warren determined to divide the sterno-

cleido-mastoid muscle of the left side, which was found to be strongly retracted, and was evidently the chief obstacle to the return of the head to the upright position.

The operation was performed in the following manner. The head being supported so as to give sufficient projection and tension to the diseased muscle, a narrow, sharp-pointed bistoury was passed between the skin and its sternal attachment, from without inward; the edge of the knife was now directed upon the muscle, and the division accomplished. The knife was again entered at the same orifice, carried in front of the cleido-mastoid, and this head of the muscle divided in a similar manner.

The result of the operation was an immediate alteration in the head to a more upright position. The wound healed in three days. The subsequent treatment was the same as that detailed in the preceding case.

The following is the substance of a letter received from her father two months after the operation. He states that she now has perfect command of her head, and a power of rotation in all directions. Her head is so nearly straight that a stranger would not notice any deformity. "From the shoulders her neck slopes to the right, which is apparent when standing behind her. The short curve at the upper part of the neck can scarcely be perceived. The cavity on the one side, and the enlargement on the other, have returned to almost the perfect shape. Her school-mates are astonished when they see her with her head up, and say how tall she has grown. Her neck, you will probably remember, was apparently very short; it is now a very long neck for a child of her age. She occupies the inclined plane four hours each day."

Remarks.—In reviewing these cases, we shall find the following circumstances worthy of notice. In the first place, the anatomical changes produced by the contraction of the muscle are very interesting, as bearing on many cases of deformity besides that now under consideration. The left half of the face, as has been already stated, had become more or less atrophied during the continuance of the disease, so that the whole osseous system, as well as the soft parts, was implicated in the diseased action. The alteration has been attributed by M. Guérin to the distortion which the great vessels of the neck undergo before their entrance into the cranium. The curvature to the right which the cervical vertebræ make on the dorsal, produces a strong traction of the skin, by which an oblique position is communicated to the left part of the face. The eyeball also undergoes a rotation on its axis, so as to bring it into the horizontal direction—the eyes, as M. Guérin remarks, being placed in relation to each other, as it were, on a stair case, from whence considerable trouble in vision is produced on the first adjustment of the head. The alteration in the spinal column is also interesting. In order to obviate the inclination of the head to the left, which brings it without the axis of the body, an inclination takes place of the cervical on the dorsal region, of the dorsal on the lumbar, and of the lumbar on the sacral. The excavation of the ribs on the one side, and their projection on the other, naturally follow from the persistence of the curvature in the spinal column.

There are few operations that have been more benefited by the establishment of the principle of subcutaneous incisions, than that for the sur-

gical treatment of wry neck. The operation previously employed by the most distinguished surgeons, consisted in first making a transverse incision through the skin, so as to expose the fibre of the sterno-mastoid; the muscle was now carefully dissected, layer by layer, until the whole was divided. The results of this method were often very severe; there was great inflammation, and suppuration frequently followed by infiltration of pus into the anterior mediastinum—sometimes causing the death of the patient. The contraction also of the cicatrix from so severe a wound, often counteracted the benefit derived from the division of the muscle.

To M. Guérin, of Paris, we are chiefly indebted for the exposition of the pathology, physiology, and the surgical treatment of wry neck. M. Guérin has endeavored to establish the following propositions.

1st. That what has been called the sterno-cleido-mastoid muscle, constitutes, in fact, two distinct muscles—the sterno-mastoid, and the cleido-mastoid.

2d. The sterno-mastoid and the cleido-mastoid are possessed of different functions: the first is a flexor and rotator of the head; the other muscle is essentially a muscle of respiration.

3d. In wry neck, which has thus far been attributed to the shortening of the sterno-mastoid, the sternal muscle is primitively alone affected.

4th. That, in the treatment of chronic wry neck, owing to the shortening of the sterno-mastoid, the section of the sternal portion alone suffices to destroy the essential cause of the deformity.

The limits of this paper will not allow us to enter into all the proofs which he adduces in support of his positions. The practical inference to be drawn from them, however, appears in the fourth proposition, viz., that in the majority of cases, the sterno-mastoid is primarily affected, and this alone requires an operation. Where the affection has lasted for a length of time, as in the two cases stated above, the cleido-mastoid almost always partakes in the diseased action; and although by a long persistence in the use of mechanical means, this may be sometimes overcome, yet the cure is undoubtedly much facilitated by its division. M. Guérin has drawn a distinction, worthy of notice, between what he calls the *retraction* and the *contraction* of the muscle. The former, he has endeavored to show, only takes place after a long persistence of disease, and consists in a fibrous degeneration of the muscle, and always requires surgical interference; whereas the latter, which occurs in acute wry neck, is a simple temporary shortening of the muscular fibres, such as occurs in common muscular action, and is always amenable to the use of medicinal remedies, more particularly to the local application of the tartar emetic ointment.

The following is the most approved manner of performing the operation. The head of the patient being firmly supported, is carried a little forward and strongly rotated, so as to project the muscle outward from the subjacent organs and make it as tense as possible. A fold of skin over the muscle being raised, a puncture is made with a lancet from four to six lines above the clavicle, and between the insertions of the two heads of the muscle. The narrow, blunt-headed knife of Bouvier is now introduced and carried with its flat side between the muscle and the skin.

The hold on the skin may now be relaxed, the edge of the knife applied to the muscle, and the division effected. This is usually announced by a crackling sound, and by the partial adjustment of the head. Instead of passing the knife in front of the muscle, it may be carried behind it; but in this case it is well that the knife should have a different shape; in the former a concave, and in the latter a convex, edge is required. If it should now be determined to divide the clavicular head of the muscle, the knife may be introduced into the same orifice in the skin, carried backward, and the division made as in the preceding case—the section of the muscle from without inward being here always to be preferred, as being both more safe and more easy of execution.

When the projection of the muscle is sufficient from the parts beneath to remove them from the danger of being punctured, and it has been determined to divide the body of the muscle, the method may be adopted which was practised in the former of the two cases which have been reported. The body of the muscle just before its division being seized between the fingers, so that these are made to meet behind it and ascertain that no obstacle intervenes, a narrow-bladed knife is carried beneath until the point is detected under the skin on the opposite side, and the division is then to be made from within outward.

In dividing the internal head of the muscle, we have occasionally beneath the skin the anterior jugular vein, as it passes across the neck to enter the subclavian. This, however, is easily avoided by making the incision sufficiently near the clavicle. The carotid and internal jugular are protected by the sterno-hyoid and sterno-thyroid muscles, and could not be reached but by the point of the knife carelessly introduced. In dividing the cleido-mastoid, the external jugular, which lies between the border of the muscle and the skin, may be wounded; this is avoided by raising the skin and passing the knife with its cutting edge perpendicularly to the muscle, the vein being left between the back of the instrument and the skin. In dividing the body of the muscle, the external jugular is the principal organ to be avoided, and with sufficient care can be easily left on the outside of the puncture necessary for introducing the knife employed in the operation.

September, 1841.

THE HUMORAL PATHOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Carpenter, in his review of the “Medical and Physiological Commentaries,” as contained in the April No. (1841) of the British and Foreign Medical Review, and a Reviewer of the same work (*by a singular coincidence*), in the April No. of the Medico-Chirurgical Review, are pleased to deny the validity of my Essay on the Humoral Pathology, but do not attempt its refutation by a single fact or argument, nor have I anywhere seen any demonstration against it, beyond the *ipse dixit* of the writer. The Reviewer, in the Medico-Chirurgical, remarks that—

“The question at issue, as Dr. Paine *fairly states it*, is this—‘Whether

foreign morbid causes and remedial agents, in their ordinary modes of operation, produce their primary effects upon the solids or upon the blood, and the latter become the cause of disease in the former; whether we have hereditary humors, as gout, scrofula,* &c. &c. We are satisfied with the answer of M. Andral to this question," &c. &c.—(*Rev.* p. 400.)

Now, M. Andral unequivocally affirms, and attempts to demonstrate by syllogistic reasoning, that ALL diseases are owing to a *primary vitiated* state of the blood, and that there is but one therapeutical principle, which is founded upon this pathological dogma, and which consists in cleansing or otherwise restoring the blood by the direct action of remedial agents, without any reference to the state of the solids. This I have not only abundantly shown by quotations from M. Andral (*Comm.*, Vol. I., pp. 415, 618, 630—631, 636—637, &c.), but that it is the doctrine of many other living and distinguished medical writers. (See *Comm.*, Vol. I., pp. 392—400, 417, 419, 433—435, 447, 464—465, 488, 517, 540 *note*, 541, 543, 531, 533—539, 565, 576—581, 582, 586, 587 and 608 *notes*, 609, 611, 613, 639—640, 663, 667, 674, 696—698, &c.) Dr. Latham states the whole pathological and therapeutical doctrine, when he says that we shall doubtless find the seminal principle of disease in a pravity of the blood itself, and that the worst forms of fever will yet be cured by table-salt, in virtue of its direct blood-making faculty.*—(*Comm.*, Vol. I., pp. 397, 657.) Other late and distinguished writers are quoted to the same effect. The British and Foreign Medical Review, and the Medico-Chirurgical Review, maintain in many of their late articles the foregoing doctrine, or do, at best, but tolerate solidism and vitalism where it would be manifestly preposterous to adopt the humoral *rationale*.—(See *Comm.*, Vol. I., pp. 392—400, 534, &c.)

I come now to the specific object of this communication, which is to substantiate the concluding sentence of the following quotation from the "Commentaries," and with which the Essay on the Humoral Pathology commences. Thus:—

"Having hitherto investigated the character of the forces and actions of life, we are better prepared for considering the important subject of the Humoral Pathology.

"What recollections are not inspired by our introductory sentence! What mind so insensible to the past, that it has not already travelled over the various eras of medicine, and passed in review those countless sages that gave distinction to each? Who has not traced from Galen to the last of his race, the brilliant achievements, the heroic renown, the unexampled career of humoralism? Who has not fancied that *last* man standing in solitary, hopeless defence, like Caius Marius swearing revenge over the ruins of Carthage? Dividing into adverse schools, they yet maintained a common bond of union *through the doctrine* which is now uniting us with remote ages, *and with every empyric in the land.*"—(*Comm.*, Vol. I., p. 385.)

I shall subjoin an advertisement by the acknowledged chief of empyrics, which, it will be seen, embraces the whole philosophy of medicine as now cultivated by distinguished humoralists, reduces pathology and thera-

* See Latham's Lectures on Clinical Medicine, p. 53. 1837. American edition.

peutics to a simple "*Unit*," strips them of all relation to physiology, and in the candid language of Magendie—"all the physician can do is to order certain remedies, which, if necessary, *the nurse could prescribe equally well*." "You saw me," he continues, "give rise, at *my pleasure*, to pneumonia, *scurvy*, *yellow fever*, &c., not to mention several other affections which, so to speak, I called into being before you." And all this upon cats and dogs.—(*Comm.*, Vol. I., p. 397.) It is said that Professor Chapman is wont to ask his medical class whether they ever saw a hen with smallpox. Of *vitality* Magendie speaks also the common doctrine of the physical and chemical philosophers of life. "For my part," he says, "I declare boldly that I look upon these ideas about vitality, and the rest of it, as nothing more than a cloak for ignorance and laziness."—(*Ibid.*) This degeneracy of medicine has grown out of the recent efforts to construe the results of life by the forces of inorganic matter and upon physical and chemical principles.

Endless experiments have been going on in all parts of Europe with injections of putrid and other morbid substances, and even of quicksilver, into the circulation, to extort from their results the conclusion that the ordinary causes of disease are *absorbed* and *vitiates* the blood. These experiments have become the grand foundation of the doctrine, whose practical consequences are so forcibly and so justly set forth by Magendie. Or, if we turn to the metropolis of Great Britain, where Hunter and his compeers exalted medicine to the highest dignity amongst the sciences, we shall have some idea of the *intellectual* respect in which it is regarded by the ablest champions of humoralism, by quoting the precepts lately inculcated by Dr. Latham upon a class of medical students.

"Knowledge," says Dr. Latham, "may be an encumbrance as well as a help." "I am acquainted with men who never have done, and never can do, anything, *because they know too much*." "Nothing is more common than to hear it said of some *eminent* and *distinguished* person—'Eminent and distinguished as he is, what would he not have been had he possessed the learning of such an one?' Whereas, if he had possessed one particle more of learning than he has, he would have been nothing at all; it would have weighed him down and he would never have been heard of"! "Many a clever man practises physic with tolerable success, who has never troubled his head about morbid processes, and who has not the remotest notion how those things come to pass which he has been witnessing, in their effects or their symptoms, all the days of his life"!—(*Latham's Clinical Lectures*, pp. 16, 59.)

On the other hand, we are told by Hippocrates, that medicine is related to all other sciences, that its philosophical attainment, and its practical application, are the most difficult of human pursuits, that a "philosophical physician is like a god," and he urges upon his son the study of mathematics as an important foundation for medical inquiries. Zimmermann and other illustrious philosophers, after the experience of more than two thousand years from the precepts of Hippocrates, maintain that it is only men of genius who can, without erudition, grasp the principles of the healing art.—(*Zimm. on Experience in Medicine*.) Let us not,

then, throw discouragements in the way of intellectual culture, where it is so much demanded by the highest interests of humanity.

I come now to the demonstration that the whole science of medicine, as cultivated by the most able humoralists, is lucidly expounded, and insusceptible of improvement or further illustration, in an *advertisement* by BRANDRETH, which I copy from a newspaper of the 23d of August, 1841; and I shall also feel it due to the cause which I advocate, and for which I have been wholly misrepresented and calumniated by the two leading medical Reviews of Europe, to incorporate this communication with the "Medical and Physiological Commentaries," along with my pamphlet.

Advertisement by Benjamin Brandreth.—"DISEASE A UNIT. *Impurity of Blood the only Disease.* How simple, yet how wise, how good and beautiful are all the laws of Nature! Simplicity and truth are stamped upon every law of the creation. The mighty worlds which roll in space, in every degree of velocity and direction, are all governed by ATTRACTION OF MATTER TO MATTER. This principle governs the human body. *Brandreth's Vegetable Universal Pills* attract all impurities of the blood to the bowels, which organ expels them from the body. Attraction and disease are both UNITS. All accidents, or infections, only affect the body in proportion as they occasion *impurity* of the blood. The bowels, for instance, are costive—this most important organ is closed—the consequence is a great accumulation of impurities, which, as they cannot get out by their usual passage, are *forced into the blood*. [And so say the humoralists of accumulated urine.*] Thus fevers, colics, rheumatism, coughs and colds, are often produced. But, let *Brandreth's pills* be used in such doses as will effectually evacuate the bowels, and health is restored at once. *Hot weather*, by occasioning *debility*, produces *impurities of the blood*; from which arise dysentery, cholera morbus, cramps in the bowels, feebleness, pains in the back and hip-joints, headaches, &c. &c. These unpleasant companies are speedily removed by a few doses of the *Brandreth pills*, which soon restore health *by purifying the blood*. Grief, great anxiety of mind, much watching, fear, bad food, intemperance, residence near marshy land, tend, in a powerful degree, to promote *impurity of the blood*, which soon shows itself in erysipelas, consumption, epileptic fits, apoplexy, scurvy, fever and ague, derangements of the stomach and bowels, all which symptoms will soon be removed *by purifying the blood with the Brandreth pills*. [See Andral in "*Comm.*," Vol. I. ut. cit.] Smallpox, scarlet fever, putrid fevers, even spotted fever, and fevers of all kinds, are propagated only by those whose blood is in a state of *impurity*. These maladies are mild or virulent according as the *blood* be charged with *impurities* previous to the infection being received, and never attack those whose blood is in a state of purity. [See *Comm.*, ut cit.] The *Brandreth pills*, *by purifying the blood*, soon cure these maladies. Ulcers are produced by *impurities of the blood*. The part where it breaks out has, in days gone by, been injured, and therefore its powers *could not repel* the impurity of the blood

* See *Comm.*, Vol. I., p. 601—608, &c. Were urine absorbed, it would produce violent inflammation not only of the absorbents of the bladder, but in all other parts. And so of bile.

when it settled upon it. [See *Comm.*, ut cit.] Soon the acidity excoriates and opens the ulcer. Here we have a *drain* or outlet opened for the *bad humors*, for the impurity of the blood to pour out of the body. [See *Comm.*, ut cit.] *Brandreth's pills*," &c. &c.

Such, then, is a truly luminous exposition of the whole doctrine of humoralism—only Brandreth's philosophy does not recognize the *absorption of his pills*. He seems to be sensible that they are incapable of converting diseased and impure to healthy blood by mixing with that fluid, and has therefore substituted the ingenious hypothesis of attraction—for which he finds an analogy in cohesion and gravitation, just as Dr. Carpenter does in the "development of the magnetic powers of iron" for the "development of the vital properties which are dormant in the elements of matter," when the former, like the latter in respect to organization, is placed in a favorable relation to the magnetic influence.

How far it is probable Dr. Carpenter may be indebted to Brandreth's advertisements for his conceptions of the humoral pathology, as set forth in his review of the "Medical and Physiological Commentaries," can only be inferred from the general conviction of plagiarism which I have proved upon him in my pamphlet, and especially his signal preference of the writings of the Rev. Dr. Channing, as exhibited in his "Principles of General and Comparative Physiology," and in extensive Essays in the British and Foreign Medical Review. It is difficult, however, to conceal the gratification at finding American authors in such high favor with our distinguished transatlantic friends; and, humble as may be our American humoralist in the estimation of the eminent philosophers of his school, it cannot be concealed that a more able exposition of the doctrines of humoralism has never been vouchsafed to the world, nor the whole philosophy of medicine more comprehensively set forth. This I am induced to claim in behalf of America.

Beyond the haunts of the empiric, however, let me once more say, that America has scarcely yet been tainted with the physical doctrines of life or their natural offspring, the vagaries of humoralism. She still presents, in the midst of nations whose eminent men have, at former times, directed the destinies of science, the astonishing spectacle of an almost entire profession devoted to the Hippocratic method of observing nature, clinging to the experience of the past, avoiding the fruits of that philosophy which is founded on the ruins of nature, nor yet seeks an interpretation of her vital phenomena in the crucible of the chemist or through the glass of the optician. She remains unshaken by the convulsion around her.

Let us continue to cultivate physiology as the most profound and the sublimest department of nature—to look upon the invasions of physics and chemistry as the ambitious strides of a giant who would gain a monopoly of the earth, and upon any act of submission as a degradation of ourselves and of that philosophy which can alone protect the Attributes of Him who gave it existence. Let it still be the ruling genius of this land to consult the understanding first, and the imagination and senses next; and, whatever we may obtain from abroad, that concerns the interests of medicine, may it still be subjected to rigorous analysis, and to the test of reason and in-

dividual experience. Let us still go on as we have been going, "gathering like the bee from abroad, but digesting that which is gathered by his own virtues;" still leaving the phantom of "vitality and spirituality in the elements of matter"—the "frail embryo of organic chemistry"—the dependents upon morbid anatomy for the diagnosis of that disease which has put an end to its speculative treatment—homeopathy—animal magnetism—"artificial digestion"—the mathematical humbug—still leaving these, and all others like them, "to spin out, like the spider, all their own bowels," and thanking "the empyrical philosophers, who, like pismires, only lay up and use their own store," for any proportion of their harvest they may be willing so spare—being ever willing to receive from the foregoing phalanx their castigations for our unambitious perseverance upon the well-beaten path of nature, or their contumely for our undaunted energy in the treatment of disease, or their maledictions for waiting upon nature when art has won its triumph.

New York, August 23, 1841.

Respectfully yours,
M. PAINE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 29, 1841.

MEDICAL CONVENTION OF OHIO.

A copy of the proceedings of the Convention which met at Columbus on the 5th, 6th and 7th of May last, has been received. The dissertation by Dr. J. P. Harrison, on the *diseases induced by mercury*, is reserved for a leisure day. That on *medical education*, by the same industrious and learned gentleman, is worthy of the careful examination of the guardians of the profession. *Florula Lancastriensis* is a formidable paper, which we passed over hurriedly, having always stood in great dread of technical botany. Dr. Dawson's paper on the winter fever that prevailed in the eastern part of Green County, shows the critical observation of a conscientious practitioner, intent upon the important business of doing his duty most faithfully.

Medical Institution of Yale College.—By an advertisement in this day's Journal it will be observed that Dr. Tully has resigned his professorship of *Materia Medica* in Yale College, and that Prof. Ives is temporarily to supply that chair. It is to be regretted that the school is deprived of the talents and profound learning of Prof. Tully. Prof. Ives, however, who is a distinguished botanist, formerly occupied the chair of *Materia Medica*, and will again be at home in that department, in which his lectures, especially those on our indigenous *materia medica*, contributed much in former times to the celebrity of the school.

A singular Dwarf.—At Mr. Harrington's Museum, in this city, there is on exhibition, a boy, now in his sixteenth year, who is but 37 inches tall, with a girth of 12 inches round the waist, and weighs, including dress,

only 24 pounds! He is called James Washburn, and is said to have been born in Vermont. Although he has a bright, sparkling eye, the features are small, contracted, pale, and of a sickly hue, yet he is represented to be in excellent health. Some of the phrenological indications of the head show him to be affectionate and inquisitive, yet in intellectual development he is still a child. There seems to be some mystery about the matter—as no one can say distinctly where he came from, or who his parents are. It is said that his mother was greatly frightened before his birth, by being suddenly shown her own father's corpse. For some years there has been no alteration in his personal appearance, and it is therefore presumed there will be no future increase of growth. We notice this boy as physiologists. Those who study the character of animal organization, or watch the influence which the mechanism of the body obviously has over the condition of the mind, should visit this anomaly—this wide departure of nature from her common course of operations.

Rigby's Midwifery.—A large, well-finished volume, from the press of Messrs. Lea & Blanchard, Philadelphia, has been promptly delivered to us by our neighbor Ticknor. The merits of the work will be speedily set forth. In the mean time the publishers will please to accept our thanks.

Dental Science.—The 11th and 12th Nos. of the American Journal of Dental Science, came on Friday, and are equal in value to any which have preceded them. We should hardly be willing to employ an operative dentist who did not take this important publication. Without it, it seems impossible that any one should keep pace with the scientific and mechanical advances of modern dentistry.

New Books in Progress.—A new edition of Buckland's Geology, with additions.—An atlas of plates, illustrative of the principles and practice of obstetric medicine, by Mr. F. H. Ramsbotham, in a large volume, containing over one hundred plates, will be issued at Philadelphia in November next.—The Principles and Practice of Medicine, by our learned friend, Dr. Dunglison, in two volumes, is soon to appear.—Why are no copies of Dr. Gibson's Rambles in Europe, containing sketches of prominent surgeons, physicians, medical schools, &c., seen in Boston?—The fourth edition of Dr. Dunglison's Physiology, improved and modified, seems not to have been sufficiently known this way. Every physician should possess a copy, if possible.

Boston Lunatic Hospital.—From July 1, 1840, to June 30, 1841, the whole number of patients in the Hospital has been 136; of whom 74 were males and 62 were females. Of these, 87 were in the Hospital at the beginning of the year, 49 have been admitted during the year, and 108 remain at its close. Of the 136 who have been inmates of the Hospital during the year, 30 have been recent cases (of less duration than one year), and 106 have been old cases (of longer duration than one year). Of those in the Hospital at the commencement of the year, 5 were recent and 82 were old cases. Of those since admitted, 25 were recent and 24 were old cases, and there now remain in the wards, 12 recent and 96 old

cases. The number of discharges during the year has been 28. Of these, 14 had recovered, 2 improved, 4 not improved, 1 eloped, and 7 died. Of the 6 improved and unimproved, 4 were sent to their friends or to towns liable for their support, and 2 were admitted to the House of Industry. Eighteen were recent cases, of whom 13 had recovered, 1 improved, 1 eloped, and 3 died. The remaining 10 were old cases, of whom 1 recovered, 1 improved, 4 not improved, and 4 died.

Of the 96 old cases, there are very few for whom the hope of recovery can be indulged: The results of the experience of lunatic hospitals justify the assertion, that under the present system of treatment the great majority of those now doomed to live in hopeless insanity and dependence, would have been restored to sanity, the privileges and enjoyments of society and the capacity of self-support.

From the date of the admission of the first patient, Dec. 11, 1839, to the present time, the whole number admitted is 153; 85 males and 68 females. The whole number discharged is 45, 30 males and 15 females; of whom 19 had recovered, 3 improved, 12 not improved, 9 died, and 2 eloped. Thirty-five recent cases have been admitted; of these, 17 have been discharged recovered, 1 improved, 4 died, 1 eloped, and 12 remain. Of those remaining, 8 have been admitted during the last quarter, and several have nearly recovered. Of the 118 old cases admitted, two have been discharged recovered, 1 improved, 12 not improved, 1 eloped, 4 have died, and 96 remain.—*Dr. Butler's Report.*

Diseases of the Stomach and Bowels.—Dr. Robert Dick, of Edinburgh, is the author of a work lately published on the derangements of the organs of digestion. The following is an extract from the notice of it in the London Lancet.

"The author throughout the work has set himself unqualifiedly to discountenance the preference now entertained both by many practitioners and the public, for animal and farinaceous diet, in digestive derangements. He shows that while the use of bulky and flatulent vegetables, as cabbages, turnips, &c., are not always advisable in this class of complaints, yet that the use of such fruits as grapes, pomegranates, apples, pears, oranges, strawberries, cherries, lettuces, celery, rhubarb, &c., is, on the other hand, not only innocent, but absolutely indispensable for the thorough cure of the greater part of derangements of the stomach and bowels; that, under their use, these organs may be ameliorated in a degree in which, without that use, and by medicines alone, they could never be; that, thereby, regular and healthy evacuations, otherwise unattainable, may be procured, and, what is of vast importance, that a multitude of those unpleasant and intractable symptoms called "*nervous*" will vanish under the employment of vegetable diet, such as is specified in the work, and used with the cautions there laid down."

Lunatics in North Carolina.—Almost every State in the Union has an asylum for the comfortable accommodation of those unfortunate beings who, deprived of reason, have the strongest claims upon the humanity of their fellow beings. But North Carolina can boast of no such institution, though the recent census discloses the astonishing fact, that she has within her limits *five hundred and eighty persons* of this description.

Treatment of Milk-sickness.—Dr. John Evans, of Attica, Indiana, has sent us a short account of a method of treating this disease, pursued for some years past by Dr. Wilson of that town, and lately by himself, which he affirms is almost invariably successful. The prescription is as follows: R. Pulv. rhei, 3i.; maghes. cal., 3ss. Mix. A tablespoonful to be given in mucilage every two hours, till purging is produced. If vomited up, a new dose must be immediately administered.—*Western Journal of Medicine and Surgery.*

Medical Miscellany.—The sickness at Norwich, Conn., of which there were alarming reports, appears to have been overrated.—A physician in the city of New York, is soon to be tried for the crime of producing an abortion on a young woman of that city.—Dr. McClintock, the professor of anatomy and physiology in the Berkshire Medical College, is at his post at that flourishing Institution, having only been temporarily absent at Castleton;—the demonstrator of anatomy merely recapitulated the subjects of the previous lectures, till the doctor's return from Castleton.—Tar, freely applied to the diseased hoofs of horses or cattle, is said to be the best of remedies—particularly when there is a purulent discharge.—H. H. Sherwood, M.D., is the author of a novel work, just from the press, entitled "*The motive power of organic life and magnetic phenomena of terrestrial and planetary motions,*" &c., which should be placed in this market, immediately. Messrs. H. A. Chapin & Co. are the publishers.—Dr. Peter G. Douglass, of some notoriety in connection with specifics of one sort and another, was apprehended and imprisoned, says the Boston Atlas, at Dedham, last week, for forgery.—Phrenology is taking high ground in Italy, by attracting the attention of the learned and scientific.—An Anthropological Society was organized in London as long ago as 1836, for the purpose of investigating the laws of the Creator in reference to man.—Dr. John Epps, a skilful English physician, imagines that he has treated many cases of epilepsy and other diseases successfully, by means of the light phrenology has thrown on the functions of the brain.—The celebrated Dr. Andrew Combe, of Edinburgh, is said to be fast declining in health.—The fever was increasing in New Orleans, contrary to the expectations of the people, when the last bulletin came.—Dental and surgical instruments of excellent workmanship, no way inferior to the best specimens of foreign manufacture, are on exhibition at this time in the Mechanics' Fair, in Boston.—La Fayette, near New Orleans, is said to be as sadly smitten with yellow fever as the city.—Henry H. Childs, M.D., extensively known to the profession throughout New England, is the democratic candidate for Lieutenant Governor of Massachusetts.—According to a Brussels paper there are fifteen persons in Belgium above 100 years of age, of whom nine are females. One of the latter is 104, and two others 105 years old.—If possible, the farce and impositions of animal magnetism, in London, about these days, exceed even those on this side the Atlantic. None, however, but the ignorant, countenance such tomfoolery, either here or there.—Drs. Hall and Prout, of the St. Louis Medical School, have resigned their professorships; and Dr. W. Carr Lane, of that city, and Dr. Richard F. Barrett, of Springfield, Ill., have been appointed their successors.—Dr. Jno. P. Harrison, late professor of *Materia Medica* in the Cincinnati College, has been appointed to the same chair in the Medical College of Ohio.

Number of deaths in Boston for the week ending Sept. 25th, 34.—Males, 13; Females, 21. Stillborn, 3. Of consumption, 4—cholera infantum, 2—infantile, 3—canker in the bowels, 1—teething, 3—marasmus, 1—dysentery, 4—croup, 1—canker, 1—typhus fever, 3—debility, 1—disease of the liver, 1—disease of the brain, 1—scarlet fever, 2—sudden, 1—accidental, 1—worms, 1—intemperance, 1.

MEDICAL INSTITUTION OF YALE COLLEGE.

In consequence of the recent resignation of Prof. Tully, at a period too late for the appointment of a successor for this season, the course of Lectures on Materia Medica will be given by Prof. Ives, with such assistance as he may require from the other professors. The term will commence on Thursday, the 30th inst.

New Haven, Sept. 18th, 1841.

S. 29—1p

CHARLES HOOKER, Sec'y.

BOSTON MEDICAL SCHOOL.

THE subscribers continue to receive students in medicine, and to afford them every advantage in the pursuit of their profession. The following course will be pursued during the ensuing medical year.

For those gentlemen who intend presenting themselves for degrees after the next series of lectures at the Medical College of Harvard University, special and minute examinations will be held upon the numerous branches of medicine and surgery.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, as well as at the Infirmary, practical lessons in auscultation will be afforded.

Occasional opportunities will be had for private practice in midwifery, surgery, &c.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, in which branch the students will be assisted by one of the instructors.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, is held weekly under the superintendence of one of the instructors.

A regular course of instruction will be given as follows.

On Descriptive and Practical Anatomy and Surgery, by	- - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - -	DR. PERRY.
Diseases of the Chest, and Midwifery, by	- - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - -	DR. WILEY.

Rooms for study, fuel, and light, free of expense.

For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

M. S. PERRY, M.D., 412 Washington st.

C. H. STEDMAN, M.D., 7 Hanover st.

H. I. BOWDITCH, M.D., 8 Otis place.

H. G. WILEY, M.D., 467 Washington st.

Boston, Sept. 6, 1841.

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JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1841—42.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHR, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been recently added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840.

O. 28—lamiMcheopO

MASSACHUSETTS MEDICAL SOCIETY.

There will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street. **GEORGE W. OTIS, JR.**
S. 22—tm Recording Secretary.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
GEORGE MC'CLELLAN, M.D., Surgery.
WILLIAM RUSH, M.D., Principles and Practice of Medicine.
ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
SAMUEL MC'CLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
WALTER E. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., *Dean*.

MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - - -	DR. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by - - -	DR. CHANNING, 10.00
Materia Medica, by - - -	DR. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by - - -	DR. HAYWARD, 10.00
Chemistry, by - - -	DR. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by - - -	DRS. WARE and BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

WALTER CHANNING, *Dean*.

Boston, August 21, 1841.

S 1—ep1N

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.
GRANVILLE SAUND PATRISON, M.D., Professor of Anatomy.
JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.
MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a *Surgical Clinic* has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Jy 28—eptN1

Secretary to the Faculty.

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.
T. ROMEYN BECK, M.D., Prof. Materia Medica.
EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.
LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
JAMES H. ARMSBY, M.D., Prof. Anatomy.
THOMAS HUN, M.D., Prof. Institutes of Medicine.
AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

ALDEN MARCH, M.D., *President of Faculty*.
J. H. ARMSBY, M.D., *Registrar*.

Aug. 11—6w

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by **D. CLAPP, JR.**, at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. **J. V. C. SMITH, M.D.**, Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 6, 1841.

No. 9.

POISONING BY ARSENIC.

[Communicated for the Boston Medical and Surgical Journal.]

In examining the Medico-Chirurgical Review from 1828 to 1841, we find 33 cases of *poisoning by arsenic*, 11 of which died; viz.,

		Recovered.	Died.	Length of time to death.
Accidental	25	20	5	from 36 hours to 28 days.
Suicide	5	2	3	<div style="display: inline-block; vertical-align: middle; font-size: 3em; line-height: 1;">}</div> in 17 hours, dead in 15 hours, " in 9 hours, " in 7 hours, " in 8 hours, " time not remembered.
Murder	3		3	
	—	—	—	
	33	22	11	

Of the three murders committed, two were by females. The one of which so little is known was, I think, committed by the mate of a vessel on a man on board, with whom he had a quarrel. Of the five suicides, four were females, and one a male, who was so excessively frightened the moment he had taken the poison, that he applied immediately for relief, and recovered. "This is probably owing to the fact that females poison, and men shoot or stab."

Accidental Poisoning.—The longest period of sickness, and the shortest, occurred in one family. We give it in the words of Dr. Johnson, as he copied it from the Journ. Univ. et Heb., published 1832. "M. and M^{me} Caillette, having eaten some *bouilli* and other meats at dinner, were seized, two hours after, with sickness and vomiting, which, however, by degrees ceased, and did not again return till next morning. Purging now supervened, and the stools were inodorous and unhealthy. On the following day, the vomiting was attended with much anxiety and great prostration of strength, and a sensation of tightness at the throat.

"The day after the above patients were seized, a domestic, who had also eaten of the *bouilli*, became dangerously ill, with extreme exhaustion—feeble, whispering voice—pulse scarcely to be felt—involuntary twitchings of the muscles—vomiting and painful purging. She died thirty-six hours after seizure. Also a beggar, who had applied to the first patients for charity, had received some of the *bouilli*, which he voraciously devoured. Soon afterwards violent vomiting and purging, extreme thirst, and universal tremors, came on, and were succeeded by a state of coma. He,

however, slowly recovered ; but not so M. and M'me Caillette, who lingered, the former for thirteen days, the latter for four weeks. Before death, they both suffered much, from a sense of burning in the throat, dysphagia, fever, aphthous ulcerations on the mouth and tongue, and a remarkable insensibility in the hands and feet ; in short, the symptoms of chronic gastro-enteritis. Dissection revealed nearly the same appearances in all three, viz., marks of vivid inflammation in the stomach and duodenum, and a morbid development of the glandulæ Peyeri and Brunneri in the ileum.

"Of the two medical attendants, one suspected that poison had been swallowed, the other referred the disease to a choleroïd diathesis. Some of the ejected matters, and also the stomachs of the deceased, were sent to Orfila for examination, and the presence of arsenic was speedily detected by him in the vomitings of the domestic, but not in those of the master and mistress. This is not surprising if we consider the lapse of time between the seizure and death. It is to be remarked that a packet of arsenic was afterwards found in the house of Caillette, and it is supposed that it had been used for salting meat."

Another fatal case of accidental poisoning occurred in St. George's Hospital. The subject, B. Collins, aged 63, by occupation a smith, was admitted under the care of Mr. Brodie (now Sir Benjamin) August 27, 1828, for cancer of the tongue of eight months' standing, confined to the left half of the organ, which was firmly fixed within the teeth, greatly hardened, and ulcerated deep enough to receive the extremity of the thumb ; glands on the left side, beneath the jaw, enlarged, one or more ulcerated ; on right side of neck enlarged also ; salivary ; flow of saliva prevented much sleep ; appetite not much impaired, but nothing save liquids could be swallowed ; tongue could not be protruded. The whole case presented a hopeless and pitiable picture of scirrhus of the tongue. No remedy had in the least retarded its progress—and as diseases of the tongue occasionally yield to the powers of arsenic, Mr. Brodie decided to give it a trial, and directed at first a small dose (five drops three times a day, to be gradually increased) of the liquor potas. arsenitis. At the end of eight days the patient had taken one hundred and fifty drops, containing but one and one quarter of a grain of arsenic. The medicine was then discontinued ; the patient died six days after.

Dissection.—The left half of the tongue was eaten away by ulceration ; a section of the tongue discovered a scirrhus tubercle imbedded in its right side, though the part appeared sound externally ; the soft palate was ulcerated, and the parts in the neighborhood were greatly inflamed. The mucous membrane of the stomach was a little inflamed, and its rugæ blackened, &c.

Mr. Brodie remarked in the dead-house, and the remark was concurred in, that the death of the patient would appear to be immediately owing to the remedy, rather than the original disease. It is true that the quantity taken was small, *one and one quarter grain in substance*, but then it should be remembered, the patient was prevented from taking solid nourishment, and labored under spontaneous salivation at the time—circumstances calculated to favor absorption. It is known that salivation is not

an unfrequent consequence of poisoning by arsenic. In this case the salivation which previously existed was certainly increased. It is probable that this unfortunate event saved the poor man from weeks or even months of disgusting and irremediable misery.—*Med.-Chi. Rev.*, Vol X., p. 170.

Poisoning by the Fumes of Arsenic.—This man, a manufacturer of the blue pigment used in painting China, and his servant, were engaged in boiling a mixture of nitric acid, of cobalt, and of arsenic. All of a sudden the mattress burst with an explosion, and the room was filled with the fumes of arsenic (cobalt being arsenic in another form). The servant leaped out at the window, and thus saved himself; his master was less fortunate—he was knocked down and found himself incapable of rising; he lay on the floor till the servant returned by the door to drag him out. After eight days of most severe suffering, he died; his body had become enormously swollen. This was the case with the servant also, but in a less degree. The third day after his admission to the Hotel Dieu, he passed a large quantity of fetid gas from his bowels; the tympanitis was gone, and he experienced immediate comfort. He soon left the Hospital, well.

The cases of suicide were five; of these, three died and two recovered. They all acknowledged the deed shortly after having taken the poison, and voluntarily or by their friends applied for medical aid. One, a girl, aged 25, took about forty grains of solid arsenic, and died in fifteen hours. A little of the solid arsenic was found on the mucous membrane of the stomach. Another, aged 22, took, it was reported, an ounce; an hour after, was made to vomit freely; had violent diarrhœa, prostration, coma, and cramps in the legs; died in seventeen hours after taking the poison. In this case there was no thirst; in the other, unabated thirst. In this case great diarrhœa, and none mentioned in the other. In this case the mucous membrane was ulcerated; in the other it was thickened, three quarters of an inch in some places, and surrounded by a dark margin of extravasated blood. In this case no arsenic was found; in the other, some little grains of arsenic were found imbedded in the mucous membrane, and in this case not a trace of arsenic was discoverable in the highly inflamed stomach and intestines, but arsenic was detected in the matters vomited. This patient took an ounce, the other forty grains. This one lived seventeen hours, with violent diarrhœa; the other fifteen hours, without any diarrhœa. The post-mortem took place twenty-six hours after death, in this case; the time not stated in the case where the patient took forty grains.

One other of the suicides took an ounce, and died in nine hours; it is not stated that any was found in the stomach, which was much inflamed and a portion of the mucous membrane removed, probably by the tube of the stomach pump.

The two that recovered were treated with hydrated peroxid of iron; one of them took a drachm and a half of arsenic. The other, a female, who had been long drooping from severe chagrin, took about one drachm, just after dinner, fortunately on a full stomach; one hour after taking it she began to vomit violently, and it is probable a considerable part of the poison was ejected from the stomach with the food. Dr. Deville was sent for, and suspecting poison, which she confessed, treated her to one half

pound of hydrated peroxid of iron. Five hours elapsed from the time of taking the poison before the remedy was procured from the chemist; in the mean time the abdomen was leeched and a large poultice applied. In three or four hours after the iron was given, she began to mend, and ultimately recovered.

The cases of murder are similar in this point, that they were perpetrated by their attendants; two of the murderers were females, the sex of the other not stated. These cases are similar in another point—all three were buried without suspicion of poison. The first case was disinterred fourteen months after death; it occurred in Bristol, Eng., 1834; published in 1835 in the *Med.-Chirurg. Review*, Vol. XXII., page 463.

"Clara Ann Smith, a lady of penurious habits, had accumulated some money; went to lodge with Mrs. Burdoo, Trinity st. Bristol. Having taken cold, she was attended by a little girl, who in the end turned out to be a very material witness. During the old lady's illness, her landlady, Mrs. B., administered to her a basin of gruel, which the girl observed to be of a brownish color; soon after taking which she vomited, had dreadful pains, and died in the course of the night, without medical advice; she was privately interred, unknown to her relatives. Fourteen months after, suspicions were excited, and the magistrates ordered exhumation and chemical analysis. Dr. Henry Riley made the post-mortem, and Wm. Herapath, lecturer on chemistry at the medical school, Bristol, undertook the chemical analysis, which he performed very ably." The manner in which the whole investigation was conducted, reflects great credit on the professional gentlemen concerned, and I would refer to it as a model case, to be read by every medical man and coroner in the land. "The stomach contained half a drachm of orpiment (sulphuret of arsenic), one hundred parts of which consist of ninety-four parts of arsenic and six of sulphur. The body was well preserved; there was considerable water in the grave, which covered part of the breast, the abdomen and the whole of the legs and arms. The parts beneath the water were turned into adipocire. In separating the small intestines from the duodenum, they noticed a considerable quantity of a yellow substance, covering the mucous membrane of the latter, and were surprised to find that the whole of this canal presented an extraordinary degree of firmness, and was slightly decomposed; it was as firm as that of persons who die in an ordinary way, and who have been dead but a few days; the liver had shrunk to a fourth or fifth of its natural size, not thicker than his hand. The result was, the jury agreed upon the verdict of guilty, and Mrs. Burdoo was executed."

"The second case of murder occurred on the Continent; three months after interment, suspicion arose from some cause, exhumation followed, and Orfila detected arsenic." Johnson does not give further particulars.

"The third case was examined by Orfila, three years after death, with the same result. The woman, La Mothee, was to be universal legatee to the deceased. She died suddenly; public rumor gave the alarm of poison, but the authorities took no steps, although she was known to have arsenic in her possession. Three years after, she became so notoriously bad, that the magistrates caused the body of Madame Chevalier to be disinterred, and the great toxicologist found arsenic very readily. Trial fol-

lowed, and the Court of Assizes, March 17th, 1837, at once condemned her to perpetual imprisonment, just three years and a half after the deed. The amount of arsenic found, not stated."

Dr. Clark, No. 204 Hanover street, Boston, attended the well-known case where an inebriate, in the presence of his wife and one or two others, took near half an ounce of arsenic. He was made to vomit freely from the poison and the remedies. Took freely of hydrated peroxid of iron, but died in six or eight hours. Only three or four grains weight of arsenic was found in his stomach after death. Although the half ounce was taken in substance, only one or two minute particles (not half a grain) were found in substance; it was dissolved and suspended in six or eight ounces of liquid, which was all the stomach contained. The examination was made twenty-four hours after death. The stomach was highly inflamed and ecchymosed, the spots resembling those of the tiger lilly.

Geo. T. Kinney died in the summer of 1840, after sixteen or eighteen hours' severe purging and vomiting. The post-mortem was made four or five hours after death; the stomach inflamed *highly*, and ecchymosed in patches. The fluid contents, amounting to about a pint, contained in solution ten grains of arsenic; the intestines contained nothing, and were as clean as if just washed out. The only suspicious articles he was known to have taken were, 1st, pills from Dr. Batchelder for secondary syphilis, which he is reported to have taken for five days previous to death. In the Hospital St. Louis, Paris, where arsenic is given occasionally for diseases of the skin, it is increased gradually, when necessary, to the amount of one quarter of a grain at a dose, when it soon has to be laid aside from the fever it excites, and the paralysis of the extensor muscles of the hand which it induces. If Dr. B. gave him one grain a day, which is a very improbable amount, we then have but five grains. The other suspicious article was, 2d, a bowl of sage tea, about eight hours previous to death, in the bottom of which, as the last of it was drank off, a white sediment was perceptible.

As it is at present unknown how the arsenic came in his stomach, except from circumstantial or presumptive evidence, we are therefore not called upon to decide whether it should be set down as accidental poisoning, suicide or murder; but if we look at what we do know in this case, and compare it with what we know in these other cases reported above, we shall see that among all these thirty-five cases of poisoning, there is but one case where so large an amount of arsenic was found after death, and that is the case of Mrs. Clara Ann Smith, where the poison was supposed to be mixed up with the gruel, and she died in less than eight hours after. In the case of suicide at the north part of the city, the man took about half an ounce of arsenic, died in eight hours, and only three or four grains were found in his stomach. Dr. Clark informs us that the same man attempted his life once before, and took about two drachms of arsenic, but Dr. C. succeeded in saving his life. The girl who took forty grains lived fifteen hours, and only a few grains were found in her stomach. The other, who took an ounce, and lived seventeen hours, got rid of all her arsenic, as not a trace of it could be detected. The other suicide, who also took an ounce, lived but nine hours, and it is not mentioned that

any was found in the stomach. The man who had cancer of the tongue and died in St. George's, had discontinued the medicine six days previous to death; consequently not a trace of it could have been detected in his system, should it have been attempted, although the traces of inflammation remained in the stomach after death. Christison records a case where a man eat the arsenic in lumps, about three drachms, and died in six hours; half a drachm was found in the stomach after death. In those cases where ten or more grains are found in the stomach after death, the presumption is, that the fatal dose was large and preceded death but six or eight hours. Three drachms to an ounce would be considered large; forty grains a small quantity, and death would more slowly follow; thirty grains in substance is the smallest quantity. Christison has known to produce death in an adult. But if administered in solution, a smaller dose will be fatal, from six to twelve hours.

In the twenty-five cases of accidental poisoning, five died and twenty recovered. The largest fatal dose is not recorded; the smallest was one hundred and fifty drops of Fowler's mineral solution; but this was a very unpropitious subject. We have known a female to take one hundred and eighty drops in three days; it produced active vomiting and purging, with severe colicky pain, continuing thirty-six hours, when it subsided; it was *not* attended with thirst, or burning heat in the throat, and the patient was soon well. The quantity was much too large; it was given for disease of the uterus.

The discovery by M. Bunsen, 1835, in Germany, that the per or trioxid of iron was an antidote, has caused quite a diminution of the deaths which were formerly recorded from arsenic. The hydrated peroxid is now used, and is easily made; in default of that, the common carbonate of iron, a teaspoonful in an ounce of chalk mixture, given every three or five minutes, has in some cases succeeded admirably—especially if the dose does not much exceed a drachm of arsenic, and is taken on a full stomach. Seventeen of the cases were so treated, and successfully; a few in England, and the rest on the Continent. But if the dose is large and the stomach empty, or the arsenic is in solution, nothing can save them. So rapid are its effects that M. Orfila lately, in one of the amphitheatres of the Faculty of Medicine, before the members of a committee of the Academy, and a numerous audience, at one sitting, introduced a number of dogs and poisoned several of them in their presence, some by introducing it into the stomach, in others by inserting it under the skin in the cellular tissue; the latter method was the most rapidly fatal. While the poison was being absorbed, he explained the manner he intended to prove the positions set forth in the programme distributed to the audience. He stated that the poison is rapidly absorbed and mingles with the blood, and is thus carried through all the organs of the body; that the poison remains a certain time in the substance of the different viscera and of the muscles, where its existence can be demonstrated by chemical process; but that from the time of poisoning, a portion of that which has been absorbed leaves these tissues, and is eliminated by the urinary secretion. He then proceeded to prove the statements made in the programme: we will record two of them only.

1st. The urine of the *dogs poisoned*, yielded, when submitted to Marsh's apparatus, distinct traces of the metallic salt. The urine of the dogs not poisoned, yielded no trace when submitted to the same experiments.

2d. A small portion of the liver of the poisoned animals having been previously charred with nitric acid, and the residue introduced into the apparatus, yielded numerous spots of arsenic; while the entire liver, spleen and heart of a dog not poisoned, but killed by hanging, on being submitted to the same chemical treatment, did not exhibit any trace of the metal.

Yours,

T.

SUBCONJUNCTIVAL METHOD OF OPERATING FOR STRABISMUS,
WITH CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a recent communication in the Medical Journal, I alluded to the subconjunctival method of operating for strabismus, introduced by M. Guérin, of Paris. At the suggestion of Dr. John C. Warren and others, I have given this method a trial in two cases, and in another instance I have seen it applied with entire success, in a case of much interest and importance, by Dr. J. Mason Warren.

The subconjunctival mode possesses, in my opinion, strong claims to a more extended trial, and I should be happy if this imperfect notice should have any influence in directing to it the attention of the profession. In doing this operation, it is particularly desirable that the patient should have considerable firmness of character, and a good degree of control over the motions of the eyeball. In the cases which have been operated upon according to Guérin's mode, there appears to be little or none of that unpleasant gaping or preternatural space at the internal canthus, which disfigures, in some instances, the aspect of those who have undergone the usual operation with the blunt hook and scissors. If, as I have supposed, this gaping occurs from a retraction or shrinking of the semilunar fold and adjacent cellular membrane, favored, perhaps, by a too free division of the parts which connect the front part of the globe with the fold and caruncle, it will be reasonable to suppose that the subconjunctival operation will obviate, or at least diminish, the difficulty. Even if it is occasioned by an increased prominence or protrusion of the globe—the effect of the combined action of the oblique muscles, the opposing or restraining force of one of the recti being abolished—may it not be possible that the preservation of the tunica conjunctiva, with some portion of the subjacent cellular membrane, may tend to lessen the deformity referred to?

Another advantage resulting from this mode, and one which it has in common with subcutaneous operations, though in a less marked degree, is the diminished risk of inflammation, and the impossibility of suppuration, from the absence of an open wound after the operation, the patient being able to go abroad in a short time without inconvenience or fear of injury.

On the other hand, it may be objected to Guérin's operation, that the

operator can never feel certain that he has accomplished the object in view, viz., the section of the muscle or tendon in fault; secondly, that the use of the double hook to confine the eye, causes much pain and increases the probability of inflammation; and thirdly, that it is followed by extensive ecchymosis, which affects not only the cellular tissue beneath the conjunctiva, but also, in some instances, the same texture in the lids. With respect to the uncertainty of the division of the tendon, we have in proof of its being effected, the evidence of the patient's inability to turn inward the eye operated upon, beyond or much beyond the median line; and the perfect correspondence of the two eyes in regard to position, when an operation has been performed for strabismus affecting one eye only. Experience, and a certain tact derived from the habit of operating, may afford to some operators additional evidence that the muscle has been divided. Extensive ecchymosis may occur in whatever mode the operation may be done, and is unworthy of notice, excepting as a temporary blenish on the patient's looks.

The details of M. Guérin's operation, kindly furnished me by S. Cabot, Jr., M.D., are as follows: The patient lying on a bed or sofa, with his head slightly elevated, both eyelids are separated by an assistant; the operator now fixes, with his left hand, the double hook (so constructed that the points or prongs are nearly at a right angle with the shaft) into the sclerotic, about two lines from the internal margin of the cornea, and everts the eye and keeps it steady; a second assistant raises, with a fine hook, a fold of the conjunctiva, half way between the cornea and semilunar fold, and the operator, with a common eye-scalpel, makes an opening through that membrane on a line with the inferior margin of the muscle, carrying the point backward or towards the orbit, and endeavors to open or puncture the investing sheath or fascia; then substituting for the straight knife, one adapted to the peculiar mode of the operation, he passes it beneath the conjunctiva, with the side of the blade pressed nearly flat upon the sclerótica, and the handle of the instrument being gradually depressed, insinuates it under the tendon; then turning the cutting edge forward and inward, he divides the tendon, already made tense by the everting of the globe. When the division takes place, under these circumstances, a crackling or snapping sound is plainly heard, as in the operation for the division of the tendons in other parts, and an ecchymosis more or less extensive instantly succeeds. If both eyes now become straight, and more especially if the patient is unable to turn the eye operated upon inward much beyond the median line, the section may be considered as completed. Of the knives used by M. Guérin, it is not in my power to give any satisfactory description. They may be had of George Tieman, surgeons' instrument maker, Chatham street, New York, and of Mr. Phelps in this city.

CASE I.—J. Q. Hammond, of Nahant, æt. 24, has double, or rather alternating convergent strabismus, which is supposed to have existed from birth; no other member of the family, however, being affected with the same deformity. The power of vision in each eye is nearly the same, and the obliquity can be made to alternate from one eye to the other at the will of the patient, who by this means relieves either organ when fa-

tigued by exertion. For the most part he has made use of the right eye, the opposite one being then very much inverted; but when his attention is not closely fixed upon any object, there appears to be also a slight inversion of the right eye. In looking at any person or object placed at either side, Mr. H. invariably makes use of the eye farthest from the object. The irides are of a blue color, and the state of the pupil and the motions of either eye singly, are normal.

August 22d, 1841. Assisted by Dr. Wigglesworth, I performed the subconjunctival operation for the division of the internal rectus muscle of the left eye. I varied from the rules described above, by making the opening through the conjunctiva myself and before fixing the eye with the double hook, as Dr. W. was occupied in separating the lids, and I also passed a curved probe under the tendon before introducing Guérin's knife. Upon dividing the tendon, a crackling or snapping noise was distinctly heard both by those engaged in the operation and by the patient. Considerable hemorrhage took place from the incision, with instant ecchymosis. The patient being requested to turn the eye inward, could effect this motion a little beyond the median line only. Both eyes being unclosed, the left was straight, while the right was slightly inverted. He was directed to apply a compress wet with iced water, and to take an active cathartic. Eight hours after the operation, the patient states that he has remained free from pain. There has been some hemorrhage.

23d. Left eye quite straight; ecchymosis is considerable, and the incision through the conjunctiva is closed apparently with cellular membrane and coagulated blood. Has had no pain or inconvenience, excepting upon moving the eyes suddenly. Looking with both eyes, causes some giddiness. May close the right eye, and use the other alone.

4th day. Left eye is doing well, and he can now turn the globe inward decidedly beyond the median line. The patient was directed to *practise turning the eye operated upon, towards the internal canthus* for a certain space of time each day, until he should regain, so far as is possible, the power of motion in that direction, of which the eye was deprived by the division of the tendon. He has no longer any giddiness, and has both eyes unclosed.

7th day. The patient has carefully followed the directions prescribed at the last visit, and *can now turn the eye well into the inner canthus.* The ecchymosis is diminishing rapidly, and he is now able to return to his business.

16th day. The ecchymosis has disappeared, and the direction of the eye continues perfect. A small tumor, attached by a pedicle, has grown from the aperture of the conjunctiva; this was removed with scissors, and did not return.

Sept. 22d. The left eye presents a scarcely perceptible protrusion or increased fulness of the globe, compared with its state previous to the operation, but there is little or none of that gaping appearance at the internal canthus, which usually occurs after the common mode of operating. This eye is now perfectly straight, and *retains the power of being moved in all directions natural to the organ.* Since the operation, Mr. Hammond informs me that he has used the eye operated upon in preference

to the other, in consequence of the increased facility of its motions. He proposes, at a future period, to have the operation performed upon the right eye, which still remains somewhat inverted.

CASE II.—Miss L. L., Taunton, æt. 20, has had, from infancy, in consequence of convulsions, strabismus convergens of the right eye. The obliquity in this case is not extreme, but is sufficient to affect the looks decidedly, and to cause also an imperfection of vision in the strabismic eye. The eye affected cannot be turned outward so far as is natural in the sound organ, and the pupil, when the other eye is closed, is preternaturally dilated. The irides are of a hazel color, and the eyeballs are well formed.

Sept. 7th. Assisted by Drs. J. M. Warren and S. Cabot, Jr., I divided the internal rectus muscle of the right eye, the steps of the operation being the same as in Case I. But finding, upon withdrawing the knife, that the patient possessed still the power of turning the ball inward much beyond the median line or centre of the orbit, the knife was introduced a second time, and a more complete section of the muscle and cellular membrane was effected. Both eyes being unclosed, the eye operated upon was found to be in the centre of the orbit, as well as its fellow, and no exertion of the patient could move it at all inward; while at the same time the motion outward was perfectly restored. The cellular tissue at the internal canthus was engorged directly with blood effused from the divided muscle, and presented a livid-colored tumor or swelling, which extended to the inner margin of the cornea. Compresses wet with cold water were applied upon the eye, and repose in a darkened room was advised.

8th. Both eyes are straight, and there is no pain nor any appearance of inflammation.

10th. The right eye is now somewhat inclined outward, when the sound eye is directed forward, having been hitherto, since the operation, in a correct position. The patient was enjoined to *practise turning the eye operated upon strongly inward*, the motions of the sound eye being controlled for the time being by pressure with the hand or with a compress and bandage.

14th. Looking with the sound eye forward, the eye is now in the centre of the orbit, and the patient can turn it inward to half way between the centre and the internal canthus. May continue to exercise the eye as directed on the 10th.

As Miss L. returned to the country on the day of the last visit, I am unable to state anything respecting the present appearances of the eye, but I have little doubt of the final result being favorable in her case.

Boston, Sept. 24th, 1841.

Yours with respect,

EDW. J. DAVENPORT.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 6, 1841.

ANONYMOUS CRITICISMS ON MEDICAL PRACTICE.

WE frequently get misled or imposed upon by false intelligence. Individuals sometimes relate to us as truths, with becoming sincerity, things that really have but little foundation in fact, but enlarged and magnified in importance by the vivid representations of those who seem to think they are conferring favors by being tale-bearers for the public in general. These remarks are elicited by a recollection of the manner in which we were duped, a while since, in listening to the representations of an individual who was presumed to be a gentleman, in relation to the report of the case of the late President Harrison. Having ascertained that envy or malice, if not both, prompted whatever may have been said to the disadvantage of the author of that paper, we take the earliest opportunity to express our regret at having in any way been instrumental in injuring his feelings or those of his friends, if such was the effect of our remarks in the Journal of August 18, which was never in any way intended. It was not our intention in those observations to rebuke the author, for whom we entertain the most perfect respect as a gentleman and physician. We shall hereafter refuse to admit criticisms on the practice of any physician, which have not the writers' names appended.

As an act of justice, we copy the following paragraph from the Philadelphia Medical Examiner, in which publication, it will be recollected, the report first appeared.

"As to the first charge or insinuation, we would state that the report was sent by Dr. Miller directly to us, and was not even altered to the degree which is perfectly justifiable without interfering with the tenure of the article. It was not touched, except some insignificant verbal changes, which every proof-reader feels himself bound to make. The report carries with it internal evidence of not being got up; it was evidently not originally intended for publication, but was merely printed after its publication had been asked for. As to the implied statement that the prescriptions were altered by the author, his character and that of the consulting physicians is more than sufficient to shield them from insinuations of so contemptible a nature."

Medical Lectures in Boston.—On the first Wednesday in November, the lectures at the College in Mason street will commence. It is almost unnecessary to direct the attention of students to this Institution, now so well and extensively known over the United States. It seems impossible that medical instruction could be given by men more learned in their several departments, than the gentlemen whose names are to be found in the circular and annual advertisement. For clinical advantages and anatomical pursuits, surely no place can offer higher inducements, nor can students graduate from any university with a better badge of literary and scientific merit, than is conferred by Harvard University—the oldest College on the Continent of America.

New York University Dispensary.—It was somewhere announced, the other day, yet we hardly know on what authority, that the surgeons of the Dispensary, which has made such a figure in the New York papers, do not wish any more of those exciting reports to be made, which have been so currently circulating all over the Union of late.

When speaking of this same Dispensary, in the Journal, a little time since, we intended to be understood as strictly having reference to *dispensaries*, and not to *hospitals*—for we contemplate them as entirely different in their objects and character. The one is a home for the sick—the other is but a caravansary, where the patient may stop from necessity, till the storm, that obliged him to seek a temporary shelter, has passed over.

Kemper College.—At St. Louis, Missouri, a medical school has grown into public favor within two years, which seems destined, ultimately, from its location, aside from the merits of the faculty, to become an important institution. There are five chairs, ably filled. Dr. McDowell, the anatomist, formerly of Cincinnati, teaches anatomy and surgery. Dr. De Wolf, formerly of Brown University, is the professor of chemistry and pharmacy. Drs. John S. Moore, R. F. Barrell, and Wm. C. Lane, all eminent in their several departments, belong to the board of instruction. Lectures commence the first Monday in November, and end in February. There are two dissecting rooms, forty-two feet long, by thirteen wide, quite after the Parisian order. We wish the school all possible success.

Explanation of being Left-handed.—From some observations made by Dr. J. R. Buchanan, of Little Rock, Arkansas, reported in the American Phrenological Journal, it appears that if a person is left-handed, the fact may be pretty certainly ascertained by the inequality in the size of the right and left hemispheres of the brain, as exhibited in the conformation of the skull. By analyzing the skull of William Morgan, who was executed for the murder of a man by the name of Pelton, all the circumstances of which were unknown to Dr. Buchanan, he distinctly said that "in this skull we find, by the developments, that the process of thought was carried on most vigorously in the right hemisphere of the brain; that the left eye was more vigorous than the right, and the left ear a little superior to the right. As to his arms, we are not able to assert positively that he was left-handed, but at least it is certain that he had unusual vigor and dexterity in the use of the left hand, as much as the majority of persons have in the right." It was well established that Morgan always took aim with the left eye, and fired a gun with the left hand, and became left-handed in consequence of always supporting a crutch with the right hand, while the other was at liberty to be used.

Iodine in Consumption.—We occasionally observe, in the English journals, notices of the successful treatment of phthisis, or that which passes under the name of phthisis, by the inhalation of iodine. The following is one of them, and is related in the Lancet by Dr. J. Wilson, of London.

"I was requested to see Edward Jones, Moore street, Bryanston square, in February last, who I was told was in the last stage of consumption; and certainly I never saw a case more strongly to justify such a conclu-

sion; by trade a baker; he had the pallid cast of countenance peculiar to that class; of a plethoric habit of body, but then considerably emaciated. I found he had been ailing for some months, and had tried various remedies from dispensaries, and otherwise, without effect; and on examination I considered his case quite hopeless. The symptoms indicated a high degree of hectic fever; pulse 120, and upwards; animal heat 102; dyspnoea so oppressive that he could not lie in the recumbent position, but was obliged to rest in a semi-inclined posture, in an arm-chair, all night; night-sweats excessive; feet œdematous; face much bloated, and countenance expressive of extreme agony, through fear of immediate suffocation; expectoration of puriform matter tinged with blood, upwards of two pints daily. By auscultation and percussion pulmonary ulceration was well marked; pectoriloquy cavernous; respiration in the superior lobe of the right lung was distinct, and on applying the cylinder over the middle portion the respiration was bronchial, but less so towards the inferior lobe. The left lung was not so much diseased, the clavicular region only being affected, which was shown by dullness on percussion, and a want of the natural respiratory murmur. The rest of the lung was sound, with puerile respiration. From the above facts, I placed my sole confidence in inhalation and counter-irritation to give relief. Having by me some of the saturated tinctures of conium and iodine, prepared by Mr. Carter, of Dorset street, Surgeon to the Institution for Asthma and Consumption, I commenced inhalation in small quantities, increasing the strength as the patient could bear it. The effect, after a week's trial, was most gratifying; the pain and irritation in the chest had considerably subsided, and he was now enabled to enjoy some tranquil sleep, which was unknown to him for many weeks before. He persevered unremittingly for eleven weeks, and by that time nearly all the symptoms I have enumerated had gradually subsided. From the onset he expressed the utmost hopes and confidence in the remedy, and I am now happy to say is enabled to return to his work. When able to take it, he was ordered a light nutritious diet, with beer, and the avoidance of all slops."

Division of Muscles for the Cure of Stammering.—As this operation is exciting considerable attention in this country as well as in Europe, we copy the following case, which purports to have been a successful one, as related by Dr. A. J. Lizars, of Edinburgh.

"P. M., aged 35, had stammered from his infancy. The difficulty was evidently caused by spasmodic contraction of the muscles of the tongue and neck. The tongue, upon examination, was found to be shorter than natural.

"The instruments employed were a straight sharp-pointed bistoury; a curved probe-pointed bistoury, with the cutting edge about an inch long, the remainder of the blade being blunt; a four-headed sling, or roller; and a compress of lint.

"The patient having been placed in the sitting posture, with the sharp-pointed bistoury I made a puncture, rather less than a quarter of an inch in length, through the integuments of the lower part of the chin, about an inch posterior to the symphysis. I then pushed the curved bistoury gently upward and a little forward, until I saw its probe elevating the mucous membrane of the floor of the mouth; placing the forefinger of my left hand upon the probe-point and mucous membrane, I turned the

cutting edge of the instrument to the right, and divided the muscle of that side; the bistoury was then carefully brought back to the mesial line, and the other muscle having been divided in a similar manner, the instrument was withdrawn. The compress of lint was then placed on the wound, and the four-headed sling applied in the same way as is done for fracture of the lower jaw.

"Very little blood was lost during the operation; and after its completion the hæmorrhage was entirely stopped by the compress and bandage. Everything went on favorably; the bandage was removed on the third day, by which time the wound had healed; and the patient resumed his usual occupation on the fourth day.

"Immediately after the operation the patient experienced no difficulty in speaking, and the same has continued since. Upon examining the mouth after removing the bandage, blood was observed beneath the mucous membrane in the line of the submaxillary ducts; this was absorbed by the tenth day, and the patient was completely cured."

Morbid Anatomy of Milk-sickness. By DR. J. V. WAGMAN, of New Castle, Ind.—The dissection was made fifteen hours after death. The body was not much emaciated. The skin had a dusky yellow hue. The brain and its membranes exhibited nothing remarkable, except perhaps more than the usual quantity of serum in the ventricles. The stomach presented a number of patches of light brown and scarlet colors mixed. In some places the mucous membrane was thickened and soft. The pyloric orifice was of a scarlet hue. The mucous membrane of the duodenum presented the same kind of patches with that of the stomach; and some parts were dry. The bowel itself, as well as the lower part of the stomach, was much contracted. The other small intestines were pale; the mucous membrane was softened, many portions of it were dry; the glands of Peyer and Brunner were swollen and soft, and some of them appeared to be ulcerated. The cæcum was dry. The colon contained hardened fæces, on which it contracted closely; was drier than other portion of the tube; its color was a dark brown, with rose-colored patches. The liver was of a dark color and seemed unusually friable under pressure by the fingers; the gall-bladder was much distended with a black pitchy bile. The pancreas was of a rose color and appeared rather soft. The spleen was much enlarged, of a deep brown color, and very soft. The peritoneum had reddish spots, and there was some increased effusion into its cavity. The kidneys, bladder, heart and lungs were sound.—*Western Journal of Medicine and Surgery.*

Medical Degrees in Harvard University.—The medical degree was conferred during the last academic year, in Harvard University, on Henry Jacob Bigelow, A.M., *Comparative Anatomy of the Respiratory Organs.*

Samuel Hutchins, *Nutrition.*

Jos. Dean Nichols, A.M., *Dysmenorrhœa.*

Samuel Trull, A.M., *Pneumonia.*

John Francis Tuckerman, A.M., *Acute Pericarditis.*

Samuel Leonard Abbot, Jr., A.M., *Organs of Circulation.*

Wm. Augustus Briggs, A.M., *Dislocations.*

Otis Everett French, *Amputation.*

Charles Francis Foster, A.M., *Strabismus*.

William Wallace Morland, A.M., *Perforation of Intestines in Typhoid Fever*.

William Thornton Parker, A.M., *Vitality*.

Erastus Otis Phinney, A.M., *Phthisis Pulmonalis*.

William Henry Prince, A.B., *Scrofula*.

Ira Sampson, A.B., *Dysentery*.

Henry Stone, A.M., *Strabismus*.

Henry Ware Wales, A.M., *Progress of the Heart*.

W. CHANNING, *Dean*.

MARRIED.—In this city, Charles F. Foster, M.D., to Miss Emma Bradford.—At Lancaster, William W. Wellington, M.D., of Cambridge, Mass., to Miss Elizabeth L. Carter.—At Gorham, Me., Dr. N. W. Oliver, of Boston, to Miss A. M. Shaw.—At Hillsborough, N. C., Dr. John Swan, of Pittsborough, to Miss Frances Waddell.

DIED.—At Sanbornton, N. H., Dr. Benaiah Sanborn, 84.—At Nantucket, Mass., Dr. T. M. Morton, Collector of the Port, 58.—At Apalachicola, Dr. Martyn Snyder, a native of New York.

Number of deaths in Boston for the week ending October 2, 36.—Males, 21; Females, 15. Stillborn, 3. Of consumption, 6—dysentery, 2—gastritis, 1—dropsy, 2—delirium tremens, 1—bowel complaint, 2—stoppage in the bowels, 1—mortification, 1—liver complaint, 1—canker in the bowels, 1—fits, 2—typhus fever, 1—suicide, 1—dropsy on the brain, 1—dropsy in the head, 1—lung fever, 1—canker, 1—bilious colic, 1—diarrhoea, 2—child-bed, 2—inflammation of the lungs, 1—cholera morbus, 1—teething, 1—cholera infantum, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of the Society on Wednesday, the sixth of October, at 11, A. M., at their room, Masonic Temple, Tremont street. **GEORGE W. OTIS, JR.**
S. 23—tm *Recording Secretary.*

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—euplt.

GEORGE W. OTIS, JR.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.

T. ROMBEY BECK, M.D., Prof. Materia Medica.

ESSENER EMMONS, M.D., Prof. Obstetrics and Natural History.

LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.

JAMES H. ARMSBY, M.D., Prof. Anatomy.

THOMAS HUN, M.D., Prof. Institutes of Medicine.

AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., *President of Faculty.*

J. H. ARMSBY, M.D., *Registrar.*

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-houses, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, post-paid. Jy 14—4m

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

Session 1841-42.

The Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE E. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
“ on Surgery, by	Drs. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city. W. E. HORNER,
 Aug. 30, 1841. A 25—tDecl Dean of the Med. Faculty, 263 Chestnut st., Philadelphia.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—eptf

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

Anatomy and Operative Surgery, by	DR. WARREN,	Fees, \$15.00
Midwifery and Med. Jurisprudence, by	DR. CHANNING,	10.00
Materia Medica, by	DR. BIGELOW,	10.00
Principles of Surgery and Clinical Surgery, by	DR. HAYWARD,	10.00
Chemistry, by	DR. WEBSTER,	15.00
Theory and Practice of Physic and Clinical Medicine, by	Drs. WARE and BIGELOW,	15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

A 1—eptN

WALTER CHANNING, Dean.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

THE SECOND Session of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN

THOS. E. BOND, JR., Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 13, 1841.

No. 10.

VARICOCELE, AND EXTIRPATION OF THE TESTIS, WITH REMARKS UPON THE RADICAL TREATMENT OF VARICOCELE.

BY PROF. F. H. HAMILTON, ROCHESTER, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Feb. 10th, 1838, I. Harrington, of Chatauque Co., aged 23, applied to me for advice in relation to a very large varicocele (I employ the term varicocele as generic, including circocoele) of left side, which had existed several years, was seldom free from pain except when he was asleep, and which during most of the winter wholly disabled him from all labor. Left testis diminished—health tolerable.

Operation, in presence of Drs. Fosgate and Palmer.—First incision from external ring to base of scrotum; the cord was then partially divided, two arteries and one vein tied, and the operation completed by severing the balance of the cord, and dissecting out the testis with its mass of enlarged veins. *Dressing*—sutures, lint and T bandage. The wound healed kindly, and he is now sound and healthy, and has repeatedly assured me that his *virility* is *unimpaired*.

CASE II.—July 2, 1841, I. W., of Steuben Co., aged 23, applied with varicocele of left side, which commenced about three years since, and is now larger at times than a hen's egg. He has suffered immensely with pain extending into the loins: the left testis is sensibly enlarged, but in other respects normal; while the right is diminished one half, in consequence, as he thinks, of a metastasis of mumps some years since.

Operation, in presence of Drs. Patchen, Green, Smith, Brown, &c., the same as in the first case, except that four arteries and five veins required the ligature in and about the cord. Wound closed by first intention, and he left for home in two weeks after the operation was made. In a letter written lately he states that he is well and *his virility perfect*.

Remarks.—It is curious to note the various and contradictory opinions entertained by surgeons in relation to the radical treatment of varicocele. It is curious mostly as showing how any self-erected doctrine darkens the vision; so that whoever has built a theory sees only by its reflected light, and every intervening object bears its impress and lineaments, true as the offspring to its parents. If facts clear and convincing as the sun at mid-day are thrust between the inventor and his theory, if seen at all they are only to his eye circumstances which give increased strength and brilliancy to his own doctrine.

In regard to varicocele, all agree that it does not get well spontaneously,

and that it occasionally, in certain cases, requires an operation for its radical cure; what those extreme cases are, I shall not stay to indicate. All agree that danger attends most attempts at radical treatment, and all declare that one mode only is unattended with danger; but as to what that one mode is, all have disagreed. There is a balm, but whether in Physick or Velpeau, Davats or Dupuytren, is yet in contest.

Aetius, of the fifth century, recommended the *ligature* and caustic, for varices generally; the former of which was by his successors denounced and abandoned, until revived in the nineteenth century by Home, Travers, Beclard, Physick, and others. Sanctioned and sustained by such high authority, it soon gained favor, but was met from other sources equally eminent with a no less zealous and determined opposition. Hodgson declares the operation often fatal. M. Delpech, in a memoir upon varicocele, published in 1831, relates three cases in which he tied the spermatic veins; one died, and the lives of all were much endangered. And Sir Astley Cooper, in a treatise on "Diseases of the Testes," published in 1830, affirms that it is dangerous; later, in No. 6 of Guy's Hospital reports, and also in a subsequent No. of the same reports, he reiterates his charge against the operation as hazardous and not founded on correct principles. In his public lectures he always taught the same. Such, indeed, with few exceptions, is the present opinion of all the medical savans. The *modified* ligature is, however, by many still retained.

Velpeau passes a cambric needle transversely behind the varicose vessels, and then applies a ligature in the form of the figure 8 across the exposed ends of the needle. It is applicable to all varices, and is *safe*, we are told by its inventor. Its peculiarities consist in including vessels and integument in the same ligature; and pressing upon one wall of the vessel with steel, and upon the other with silk! Why this is better than a simple ligature, neither Velpeau nor myself choose to explain. Liston, who calls it the "*sutura circumvoluta*," has seen it successful, and does not condemn it; but M. Davats thinks it very liable to fail. We humbly believe it no better than the old ligature, which has been twice thoroughly executed for its homicides.

A modification of Velpeau's practice is found in that of M. Reynaud, reported by M. Jules Roux in 1837 and 39. The reporter had himself, at the last date, operated several times successfully for varicocele; all his patients being cured in three weeks. Separating the vas deferens from the veins by a subcutaneous dissection with the fingers, a ligature is passed under the veins, and its two ends tied firmly over a small pad of cotton placed upon the vessels. This method possesses the sterling recommendation of extreme simplicity and no humbuggery—for we can regard Velpeau's needle in no other light than as a surgical humbug. But how does it avoid dangerous phlebitis, if it really and effectually closes the vessels? That in this respect it has not a whit the advantage of either of the plans mentioned, it is rational to infer. It does not answer that in a few adventures it has not proved fatal. It is not by the inquest of a day on one man that such an operation is to be tried; and here we believe is the signal error of all who have introduced a novel practice in varicocele; a few cases of success they deem abundant sanction for its univer-

sal recommendation, and indeed the French surgeons (by whom, chiefly, these experiments have been made) do call that success which American surgeons would not. If one in fifty die after an operation for varicocele, we affirm it dangerous: for consider that it is not to save life that this operation is made, but only to remove a serious inconvenience, and on such grounds that operation is grave which hazards life at all. M. Pichegru, the great French general, thought the life of the soldier not at hazard who had one chance in five—the French operators rate life at the same value. Convince us that not one in fifty will die after the operation, and we will talk of its safety.

Another method lately devised, is the introduction of two ligatures in such a manner as that one shall pass in front and one in the rear of the vessels, yet both entering and emerging from the skin at the same orifice; the ligatures are then tied, and the whole operation is completed without any wound except that made by the needle. In reference to this method I need scarcely say that its only merit, above others, is ingenuity. In one of the Parisian hospitals the spermatic artery has been tied, and occasionally the same has been practised elsewhere. But, as might be anticipated, it is generally followed by a wasting of the testis; and where, in consequence of the cord's being furnished with more than one artery, the testis does not perish, the varicocele continues: and that the cord has generally two, or even occasionally three or four arteries, dissection proves. This operation is therefore not to be recommended.

M. Davats, satisfied of the insufficiency or danger of all previous plans, adopted, in 1833, the principle of *acupuncture*, combined with the ligature. He employs two needles, one introduced transversely under the vein, as by Velpeau, and the other made to *transfix* the vein from before backward, and then passing in the rear of the first needle it is made to transfix the vein again higher up, and from behind forward; the two ends of the last needle are then wound with the figure-of-8 ligature. The claim upon which M. Davats's patent rests, is that by transfixing the vein adhesive inflammation is more readily and certainly induced. In 1836 he reported twenty-six cases, and all cured except one, and this one alone was attended with dangerous or serious symptoms. The Philadelphia Hospital Reports of Oct., 1838, furnish one case treated successfully by Davats's method: G. W. Norris, the able reporter, and one of the surgeons to this establishment, recommends the operation. But admitting its greater certainty, where is its greater *safety*? It is not calculated to produce a less, but avowedly a greater degree of inflammation, and we much fear that time and further experience will consign it to the same grave with its predecessors.

M. Bonnet reported, in 1838, eleven successful cases, treated by a new mode of *acupuncture*. The veins were transfixed *transversely* by a flexible pin, the ends of which were then bent towards each other, but no ligature applied; the pin being left to inflame and close the vessel, or until it produced so much pain as to prevent sleep, or had caused suppuration. Several pins were generally introduced at different points at the same time. But in 1839 he repudiates his own practice, and honestly confesses that it turns out to be unsuccessful—a genuine hoax!

—for the veins were not really obliterated, but only clogged, and the varices soon returned. He next tried pins introduced at sufficient intervals to produce temporary occlusion, while the portions of the veins between were daubed with caustic, to produce *permanent* adhesion. In this, however, he soon discovered dangers and defects, which led him to again modify his practice, as we shall presently speak.

Fricke, of Hamburgh, substituted for the plan of Bonnet, a simple ligature, carried through the vessel with a needle, and left to hang loose, like Physick's ligature for ununited fracture: this he removes within twenty-four or forty-eight hours, according to the amount of inflammation induced. But if Bonnet's cases treated by the pin, proved in the end unsuccessful, the same fate must be predicted for the patients of Fricke—the principles are the same, and the modes scarcely varied.

M. Delpach, of Montpellier, to whom we have already alluded as having killed one patient with the ligature, instructed by such fatal experience, adopted the less hazardous, because less irritating treatment, of passing a piece of "amidon" under the veins, having previously pulled aside the *vas deferens*, and leaving the "amidon" there as a seton to produce slowly the requisite degree of inflammation, and a tedious cure; yet not a cure indeed, for as in the operations of Bonnet and Fricke, it must prove at length to have been but a fibrinous coagulation, and not an obliteration. The only two cases reported by Delpach are not very favorable to his new operation, since one of them nearly died from peritonitis. Poor Delpach! he was finally assassinated by a patient upon whom he operated by *excision* of the veins (having doubtless proved the other operations unsuccessful), and whose testis wasted in consequence of the destruction of its arteries. A sad warning to those who preserve a patient's life at the risk of his virility!

Compression, also, has its advocates. M. Breschet, of the Hotel Dieu, at Paris, operated first in May, 1833, and in Dec. 1834 he had practised it successfully upon numerous cases. By H. Landouzy we are told that in 1838 Breschet had made this operation in one hundred and twenty cases of varicocele, and he (Landouzy) never saw any serious consequences! The *vas deferens* and veins being separated from each other, a pair of padded pincers furnished with a screw is applied to the veins, and by occasional adjustment of the screw the pressure is so regulated as to destroy gradually the integuments, &c., between the blades. How much this operation resembles the bungling, pinching operation of his late illustrious colleague, M. Dupuytren, for artificial anus—the operation with the enterotome—I need not remind you. That it is exceedingly painful, none will deny. Norris tells us that it was tried in Philadelphia, but that the patient was unable to endure the torment, and revolted. By M. Davats we are informed that "compression is insufficient;" and that it is dangerous, despite the contrary opinion of Landouzy, I dare aver. Other objections, it would be competent for us to present, such as the danger of including the principal artery or arteries, and consequent wasting of the testis, hæmorrhage, &c.

B. Brodie, in varices of the extremities, makes a subcutaneous, transverse section of the vein, and effects adhesion of the mouths of the ves-

sels with a compress and roller. Petit and Richerand operate in a manner similar. Beclard bisects the vein, but employs a ligature instead of the compress, and does not, with Brodie, regard exposure of the veins to the air. Beclard's method (with ligature instead of compress and roller) would be applicable to varices of the spermatic cord. But two ligatures with bisection, as practised by him, can surely be no safer than one ligature without bisection, as practised by the ancients. Says Mr. Liston, speaking of the application of this method to the vena saphena, "a very effectual way of stopping the current of blood in either direction; but it was too often followed, and that very speedily, by a permanent arrest of the circulation, to be persevered in; for many patients perished in consequence of inflammation of the veins so induced." Its application to the veins of the spermatic cord cannot for any reason be judged more safe.

Dr. John C. Warren, of Boston, exposes the veins in varicocele, by a longitudinal incision, and then bisects them at the lower and upper ends of the wound, applying ligatures to such vessels as require them. This he has practised many years, and never knew it to fail. He admits that, as a consequence of this operation, the testis *may* by a gradual marasmus disappear; and in one instance the testis and scrotum sloughed. It will be observed that this operation is the same with Beclard's, except that two incisions are substituted for one: it is apparent, therefore, that Liston's denunciation includes the favorite operation of Dr. Warren. Let them settle the controversy.

An operation similar to those just noted, is recommended by Signor Rima, Surgeon-in-chief to the hospital at Venice: the portion of vessel included between the incisions is, however, *dissected out*—and as an essential principle of the operation, he directs that it should always be at a point of the enlarged vessels nearest the heart, quite above the varix if possible, and about one inch of vessel should be removed. In 1838 he reported thirty-four cases, of which ten only were radically cured, and two had died of phlebitis! two thirds left uncured, and one seventeenth killed! and upon such success he presumed to recommend the operation. Its own reports must seal its condemnation. But of this practice M. Briquet informs us that it was followed by the ancients, but he declares it painful, and for other reasons repudiated by modern surgeons. Gibson neither condemns nor sanctions the practice in saying he has "seldom met with cases requiring an operation of this kind."

Caustic was first recommended by Celsus, and was approved by Aetius. Lately it has been *revived* by Bonnet, the same who first assayed the needle and ligature—then the ligature and caustic, and who now adopts the caustic alone. In 1837 he had operated with the potassa fusa on fourteen cases of varicocele, and seen no bad effects. He teaches that the inflammation produced by caustic is not that inflammation so much dreaded, which extends towards the heart, but it always limits itself by discreet bounds. Liston, however, unfortunately for its reputation, saw one case in which the patient died from the inflammation consequent upon this practice; and another in which the subject was nearly lost from hæmorrhage; and he has heard of several others. That M. Bonnet's

potassa fusa, or Mr. Mayo's lapis infernalis, possess any special ability or disposition to restrain the phlebitis within certain just and rational bounds, I doubt: and surely it would seem enough that the patient was exposed to the dangers of inflammation, without the hazard of death from hæmorrhage.

In Sir Astley Cooper's work on diseases of the testis, before referred to (1830), he *suggests the removal of a portion of the scrotum*, as a substitute for other operations, all of which had seemed to him dangerous: and in No. 6 of Guy's Hospital Reports, he relates four cases in which he had put his suggestion into successful execution; and one by Mr. Key. This is certainly a comparatively safe operation, but, as might be expected, it is only palliative, or partially radical, since it makes but a suspensory bag of the shortened scrotum: and the learned Baronet himself acknowledges that the varicocele is in general only "lessened." In one other case he *tied off* the scrotum, but it was exceedingly painful, and he does not recommend it.

Extirpation of the testis, for varicocele, has seldom been practised. B. Gooch, chirurgist, published, in 1792, a case of varicocele in which, the circumstances justifying, he castrated the man, and he got well. A similar case is reported in Vol. XXII. of your Journal, copied from the London Lancet, M. D. Thompson operator: and Sir Astley Cooper (in his memoir on diseases of the testis) admits that it is occasionally necessary, and furnishes the case of a young man who had a varicocele and slight wasting of the testis, with some pain, in which he extirpated the testis and veins. This operation is certainly not to be preferred in all cases of varicocele—nor indeed in most; yet it is at least no more dangerous than either of the radical operations reviewed, and will, I trow, never fail. As to the gentleman's virility, I believe the testis of the sound side much more likely to remain healthy, than if the opposite testis is allowed gradually to waste—as it is liable to do after either of the operations for radical cure, by obliteration, or extirpation of the veins or arteries. Sympathy with its suffering fellow will often bring on a galloping consumption in the sound organ. The few cases in which a varicocele occurs simultaneously in both sides, would of course constitute exceptions to the propriety of this practice.

Briefly, I remark, be not officious to operate upon varices of any kind—least of all, spermatic. The dangers are phlebitis, hæmorrhage, sloughing, loss of virility and assassination. I hold that veins cannot be permanently closed without inflammation, and that all modes of occlusion, whether by ligature simple or modified, acupuncture, seton, excision, compression or caustic, are alike liable, in certain constitutions and under certain circumstances, to fatal phlebitis. Where, therefore, all have a complement of dangers, it is difficult to adjudge a preference; only as any certain mode by its simplicity and certainty may recommend itself. Nothing can be more simple and easy of application than the plan of M. Reynaud; and than some others, it is more certain—yet not certain. It is also quite as obnoxious to the charge of "dangerous," as most of the plans proposed. It is this, however, which I venture to recommend, advising extreme caution in the separation of the veins from the *vas deferens*

—the latter of which can be readily discovered on the posterior part of the cord, by its peculiar feel, and the severe pain produced by pressing it firmly between the fingers. It is proper, also, always to advise the patient that he *MAY* lose his virility in consequence; a consequence against which no other method can insure him. If the patient, willing to suffer mutilation, rather than hazard an uncertainty, prefers extirpation of the testis, to the operator no choice remains—cut out the testis, and have no fear for his virility; I know some of the best breeders in the country who have but one testis.

Allow me, Mr. Editor, to note you a surgical incident, not quite relevant to the above matter, but not destitute of interest, nor wholly impertinent, which occurred during my apprenticeship with my much-respected preceptor, Prof. John G. Morgan, then Surgeon to the Auburn State Prison, which I copy from my notes.

April, 1832, Tillapaw, a convict, came to the Hospital, holding in one hand his testes, and with the other grasping the remnants of his scrotum. He had just emasculated himself in the following manner: the night previous, in his cell, he had drawn a cord tight around the scrotum and close above both testes, and this he had patiently endured until the hour for admitting the out-patients, and then had boldly cut it off by two strokes of a shoe-maker's knife. The hæmorrhage was considerable, but the vessels were tied and he did well. His recovery, indeed, was very rapid and favorable, owing in part, doubtless, to the contented and happy state of mind in which he now dwelt, for the act had been committed as a religious sacrifice of an offending member. Incarcerated for an aggravated rape, his long confinement and stern regimen had not a whit abated his criminal inclinations, and he was now a disgusting onanist. Six months after his recovery, I asked Tillapaw how he felt now, and whether his stones troubled him any? "Oh yes," said he, "I am just as ambitious as ever, but I can't do anything; I have erections, but can get no satisfaction, so that I am worse off than I was before." Castration, it is true, in early life, as among eunuchs, prevents the development of the venereal passion; but once established, it is not easily extinguished."

September 4, 1841.

PES EQUINUS ACQUISITUS OF THE RIGHT FOOT—OPERATION.

BY JOHN E. BROWN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN GATES TRULAN, of Andover, Mass., æt. 14, was placed under my care by his father, Hugh Trulan, Esq.

June 15th, 1841. The heel is elevated to the fullest extent, and cannot be brought down by the hand, on account of resistance of the tendo-Achillis. The knee is contracted to sixty degrees from a right angle with the thigh. The whole limb, and particularly the foot, is twisted inward. There is a slight convexity of the tarsus externally. The weight, as he walks, rests upon the extreme end of the metatarsal bone and joint of

the little toe (see fig. 1). For a further description, I refer to the history of the case below, sent me by his father.

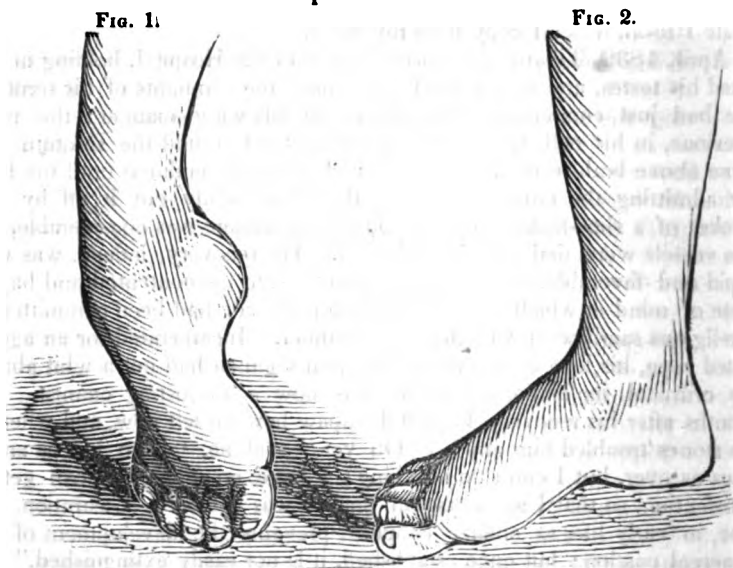
June 22d. I divided the tendo-Achillis and flexor longus pollicis pedes, and applied "my apparatus."

July 13th. It is now three weeks since the operation, and John walks fairly on the sole of his foot, although he continued to use his crutch.

Aug. 10th. He threw aside his crutch, and walked anywhere about the city.

Aug. 17th. Eight weeks after the division of the tendons, John's foot had improved to the state represented in fig. 2.

Aug. 31st. Returned home cured, the knee having been brought straight by mechanical means and orthopedic exercises.



The following letter has since been received from his father.

"Andover, Sept. 24, 1841.

"**DR. BROWN.** Dear Sir,—I received yours of the 21st inst., in which you wish me to inform you how my son's deformity originated. I answer, he was as well and straight as any child until he was about two years old, when he was taken sick of a fever. Soon after his recovery he began to turn in his right foot a little. We did not mind much about it, and thought he would outgrow it, but it kept growing worse and worse until 1834, when I carried him to a doctor in a neighboring town, who tried to cure him by machinery. Here he stopped one month. I will give the doctor credit for his honesty, for he found he could not cure him and told me so. Then we let it rest until 1837, when I heard of a doctor in New Hampshire who was in possession of Goodrich & Co.'s patent apparatus for curing club-feet. I carried him there, and he stopped with him until we fancied he was better, and brought him home, but when he began to walk, he was as lame as ever. The tendons which had been

stretched went back again, and he kept growing worse and worse, and we had given up all hopes of his getting any help, until we heard of you, and I shall ever rejoice, and so will my son, that I placed him under your care, where, I can say, with great pleasure, he was made from a deformed cripple to an upright lad, and there is no doubt in my mind, that, when he grows up to maturity, that foot and leg will be equal with the other. His health is good, and he is in good spirits. He says he will never forget the kindness he received from you. When my son entered the Orthopedic Infirmary he had been obliged to use a crutch for two or three years. His foot was so much turned in, that when he put it down, he trod on the joint of the little toe, and the inside of the foot turned upward. The cords of the heel and ham were so much shortened, the heel was seven inches from the ground, and the leg one and a half in shorter than the other. Now he stands and walks perpendicular, the foot being elevated to a level with the other by a cork sole, placed in his shoe. Since he came home, all who have seen him, look with astonishment; and this was done in the short space of ten weeks.

HUGH TRULAN."

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

ACCIDENTS.—A healthy man, 25 years of age, of perfectly good habits, only five weeks from the Canadas, of which he is a native, received a wound on the left outer ankle from the wheel of a dirt car on a rail-road. His situation prevented his paying the requisite attention to his limb. The wound became exceedingly painful, the surrounding parts tumid and of a purplish hue, which was soon followed by a painful tumefaction of the whole limb. After a week's suffering he entered the Hospital, Sept. 27th. On examination, there appeared over left outer ankle a contused wound, about two and a half inches in length, with hard, tumid and purplish edges, the purple hue extending some little distance in the vicinity; the foot and leg were swollen, the skin tense, shining, and but slightly reddened; to the touch the parts were firm and elastic. The thigh was also swollen, but less firmly and tensely than the leg. No cord could be distinguished in the track of the femoral veins; this, however, was not conclusive against the existence of phlebitis, as the general tumefaction prevented a satisfactory determination. There was no appearance of the rosy lines which characterize an inflammation of the superficial absorbents. The constitutional symptoms were, considerable fever, indicated by a pulse of 92, restlessness, headache, &c. He complained of intense pain in the wound, extending over the whole of the limb. He was ordered an active cathartic, cupping on the thigh, and hot fomentations to the whole limb, with the watery solution of opium. Not much blood was obtained by the cups, but the constitutional symptoms were somewhat ameliorated, the pulse diminished in frequency, and he expressed some relief from the tension of the limb by the discharge of serum from

the scarifications. Leeches were ordered, with a continuation of the treatment.

The 29th, this relief had not continued. The limb was more swollen; an œdema had extended over the abdominal integuments, and infiltrated the penis and scrotum; the pulse were weaker, and the constitutional symptoms more typhoidal. A circular blister was applied to the leg above the wound. He was ordered two grains each of opium and camphor, every four hours, and stimulants if he could take them; the limb to be enveloped in hot fomentations of bitter herbs at intervals through the day.

The 30th, the unfavorable symptoms were increased. A blister was applied over the abdomen; alcoholic fomentations to the whole limb; the blister on the leg to be dressed with an ointment containing one drachm each of sulphate of morphia and quinine. This treatment, however, was without avail. The foot, to the ankle, became purplish and cold; a patch of integuments on the inside of thigh about six inches square, assumed the same hue, and was covered by large phlyctenæ containing bloody serum, and he finally sunk, Oct. 2d, six days after entrance into the Hospital, and two weeks from the date of accident.

On a post-mortem examination, the viscera of the three cavities appeared, in general, healthy in structure. The blood was fluid throughout the whole body, and all the organs and muscles were of a darker hue than natural, from the transudation of this fluid. The mitral valves of the heart presented some cartilaginous thickening, with a few vegetations along their free surface, and two of the aortic valves were adherent in such a manner as not to close perfectly the passage from the ventricle. Incisions practised in the diseased limb gave issue to a great quantity of serous fluid, and showed the subcutaneous and intermuscular cellular membrane in every part to be filled with effused lymph. No pus was discovered anywhere. In the lymph about the wound there was considerable effusion of blood in specks. The inflammation which had thus invaded the cellular membrane involved also the fasciæ of the limb, so that all the muscles were incased in a coating of these membranes, cellular and fascial, varying from a half inch to an inch in thickness. The periosteum over the lower extremity of the fibula in the wound was removed and the bone rough. The veins of the limb showed no traces of inflammation in their interior, but were everywhere imbedded in the lymph effused into the investing cellular membrane.

This case was one of diffused phlegmonous inflammation of the whole of the thigh, followed by gangrene of the integuments and death two weeks after a contused wound over the external ankle. This unfortunate termination of a wound, under ordinary circumstances of comparatively small consequence, was not in this case due to any of those causes which are usually considered as influencing the result of the reparative process of traumatic lesions, such as the inordinate use of ardent spirits, or the like—although the appearances observed in the heart at so early an age as our patient's, might, perhaps, induce the belief that his habits at some previous period had not been so good as lately. We may attribute the supervention of the phlegmonous inflammation to the circumstances of the patient, which prevented him from bestowing the neces-

sary care upon his limb, or even from preserving the recumbent posture. The disease differs in its nature from plegmonous erysipelas, in not being attended by the redness of the skin, or the early tendency which we see in that disease to the formation of pus and the death of the cellular membrane. In this latter disease the sloughing of the cellular membrane is the consequence of its tumefaction and strangulation by the integuments, which in their inflamed state do not readily yield. This limitation of the inflammation to the cellular membrane, without an early affection of the skin, is to be attributed to the law that the inflammatory process in its march is more easily propagated in the tissue in which it commences, than transferred to another; the fasciæ between the cellular membrane and the integuments was implicated, and it would finally have involved the skin, if death had not supervened. The gangrene of the integuments just before the fatal termination, may perhaps have been induced by the deprivation of the circulation, by the inflammation of the subjacent parts.

As regards the treatment, the time for active measures had passed before his entrance; there remained no course but to attempt the counteraction of the typhoidal symptoms, as has been detailed.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 13, 1841.

A SYSTEM OF MIDWIFERY.*

THE work before us is precisely what its name indicates, namely, a system, and embraces all the knowledge extant upon the subject of which the volume treats, properly arranged and digested. In saying this, however, it must not be understood that we entertain less admiration than formerly for works of a similar character, which have preceded this. On the contrary, we could refer to nearly a dozen volumes, the production of recent writers, of equal authority, and, as far as they go, of equal value to the practitioner. The last compiler or writer of any book has a manifest advantage over those who have gone before him, however recently, from the circumstance that he feels himself at liberty to avail himself of their labors, either by way of contrast to enhance the value of his own, or to give more completeness to it. Dr. Rigby, the author of this system, holds an enviable place in the public mind, being esteemed for those qualities most estimable in a physician, to which are superadded high professional attainments. He is physician to the General Lying-in Hospital in London, lecturer on midwifery at St. Bartholomew's Hospital, &c., and in fact, has been so circumstanced in all the relations of life, as to acquire a vast amount of experience. One feature of this American edition should not be overlooked, viz., the series of engravings, which, though xylographic, are nevertheless of singular utility in following the descriptions of the author.

Thus, in a few words, the claims of the work are presented to the pa-

* *A System of Midwifery*, with numerous engravings. By Edward Rigby, M.D., &c. With notes and additional illustrations. Philadelphia: Lea & Blanchard, 1841. 8vo., pages 418.

trons of medical books. Not to be in possession of a system like this, in a country in which the practice of midwifery is properly estimated by all intelligent people, is almost inexcusable. When we have availed ourselves of all sources of professional knowledge which are placed within our reach, if unsuccessful in the details of practice, there is a reasonable apology, which no one would have the hardihood to refuse; but to shut our eyes when the light shines in upon us, and then pretend that it is too dark to see the way, is certainly culpable, if not criminal, in one who voluntarily assumes the great responsibility of being an accoucheur.

Dr. Rigby's work comprises fifteen chapters, giving, therefore, ample scope for the discussion and fair illustration of every topic brought before the reader. The subjects are thus arranged:—The pelvis; female organs; development of the ovum; natural pregnancy and its deviations; signs of pregnancy; treatment of pregnancy; signs of the death of the fœtus; mole pregnancy; extra-uterine pregnancy; retroversion of the uterus; duration of pregnancy; premature expulsion of the fœtus. Part III. treats of natural parturition; stages of labor; treatment of natural labor; mechanism of labor. Part IV., midwifery operations; forceps; turning; Cæsarian operation; artificial premature labor; perforation. Part V., dystocia, or abnormal parturition; inversion of the uterus; encysted placenta; precipitate labor; prolapsus of the umbilical cord; puerperal convulsions; placental presentations; puerperal fevers; phlegmatia dolens; and, lastly, puerperal mania.

We have been thus particular in giving the heads of chapters, that it may be seen how extensively the author has grasped the subject of practical midwifery.

New York Medical Institute.—An impetus, of late, seems to have been given to everything appertaining to the study of medicine and surgery in the city of New York. But a little while since, there was but one public school, and now there are two. But instead of being on the look-out, prematurely, for a third—no improbable event, since driving business makes business—we mainly intend to notice the organization of the Medical Institute, a quiet, unobtrusive academy, where students are taught the elements of professional knowledge, to begin with, and where they will gradually have unfolded to them the great principles and all the facts which men of character and experience, who superintend their medical studies, can impart. It is much like the Medical Institute at Philadelphia, and therefore can excite no jealousies. Dr. James Stewart, a favorite author, whose name is familiar to those who keep pace with American medical literature, is the instructor in the department of practical medicine. Then there is Dr. Detmold, in orthopedic surgery, another evidence of the talent concentrated in this new undertaking. By a reference to the advertisement in this week's Journal, the reader will obtain all the facts which it may be necessary for a stranger to know who proposes to enter the Institution.

Papier Maché Noses.—A correspondent, in a neighboring city, requests us to inform him whether artificial noses, manufactured of papier maché, or any other material, can be obtained in Boston. We have no recollection of seeing but one paper nose, and that a miserable one, which was put on occasionally by a popular songstress, at Mr. Kimball's Picture Gal-

lery, in personifying a single lady, who had passed her teens by some forty years. Dr. Harwood, the well-known and ingenious dentist, who now resides at Machias or Bangor, we are not certain which, in the State of Maine, can construct an artificial nose of the same mineral compound of which the incorruptible teeth are made, which would deceive a pretty vigilant eye. We saw one of his make, which was referred to some two years ago in this Journal; it was constructed for an unfortunate young man belonging to Spencer, Mass., and was of admirable workmanship. The mineral noses have manifest advantages over paper, however nicely the latter may be fabricated, because they will neither soften in a shower, nor freeze and thaw in a winter climate. We therefore recommend our correspondent to consult Dr. Harwood, or his partner, Dr. Tucker, Hamilton place, Boston, who is equally distinguished in the dental profession.

Boston Dispensary.—The annual meeting of the contributors to this Institution will be holden on Thursday, Oct. 14th, at No. 19 Court street. On this occasion it is usual, we believe, to elect dispensary physicians for all the districts in the city. In most other cities, the dispensary physicians, being generally young men just commencing business, have a small fee for each patient, amounting ordinarily in the whole, to about enough to pay the rent of an office and purchase one suit of clothes per year. This is substantial professional encouragement, and by no means unreasonable. It has always been surprising to us that physicians enough could be found to do the drudgery of the Boston Dispensary, under its present organization. The physicians usually being dependent on their own personal exertions, deserve the consideration of those who acknowledge the principle, that the laborer is worthy of his hire. We know all about the difficulties, disappointments, poverty and heart-aches of a young penniless physician, and our sympathies, therefore, are boldly expressed in the behalf of such.

Progressive Phrenology.—Dr. Andrew Boardman, of New York, who is identified with the progress of phrenological science in the United States, contemplates publishing a new work, one object of which is to show that those men of acknowledged capacity and integrity who have tested the subject by an appeal to nature—by the investigation of facts on which it rests—unite in testifying to its truth. A more curious literary undertaking could not have been selected—and in Dr. Boardman's hands, the materials will be carefully and appropriately arranged, and receive the finishing touch of a scholar before being given to the public.

Stewart on the Diseases of Children.—A further supply of that excellent treatise, which should be in the possession of every American practitioner, is on sale at Ticknor's, Little & Brown's, and Munroe & Co.'s, Washington street; and at Hartford, Conn., at Robinson & Folger's. It must be particularly gratifying to the author to have his labors appreciated by that class of readers who are the most competent to judge of the value of the service rendered to the profession. Country practitioners, according to our standard of excellence, could not have a more useful book of reference.

Death of a Giant.—Lewis Cornelius, Esq., who died at Milford, Pike Co., Penn., two weeks since, at the age of 47, was unquestionably the largest man in America. He was six feet tall and six feet round the body; and previously to being sick, weighed 720 lbs. After death his weight was 685 lbs. His wife is a tall, spare woman, say the papers—and there are eight children, the youngest being ten years old, most of whom bid fair to be Anacks in size. All those who have completed their upward growth, thus far, take after the father. One of the sons is 6 feet 1½ inch tall.

On the Utility of Oxalic Acid in Inflammations of the Mucous Membranes. By M. NARDO.—At the scientific meeting at Turin in September last, M. Nardo made known the results of his experiments on the therapeutic effects of oxalic acid; to which subject he had been devoting his attention for the last twelve years. From his experiments he concluded that this acid possesses antiphlogistic properties superior to that of any other vegetable acid, as the malic, the citric, the acetic, or the tartaric, and that, in addition, it possesses the precious property of calming the violent pain which attends inflammation of the mucous membranes. He especially recommends its employment in all diseases where this membrane is implicated, as in angina, gastritis, gastro-enteritis, stomatitis and aphtha. He says that the use of oxalic acid renders the loss of blood much less necessary. The dose he employed was one and a half grains in about eight ounces of fluid. It is not mentioned how often it ought to be repeated. He regards it as a contra-stimulant.—*Ed. Med. and Surg. Journal, from Repert. del. Sci. &c.*

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Sept.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	7 A.M.	2 P.M.	7 P.M.	7 A.M.	2 P.M.	7 P.M.			
1 Wed.	61	71	70	29.32	29.31	29.33	N W	Fair	
2 Thur.	58	76	75	29.34	29.34	29.33	N W	Fair	.06 inches of rain.
3 Frid.	70	82	81	29.39	29.40	29.36	S W	Fair	
4 Satur.	71	79	68	29.25	29.15	29.14	S W	Fair	Showery, with violent storm P. M. .37
5 Sun.	67	72	72	29.20	29.29	29.31	N E	Cloudy	inches of rain.
6 Mon.	64	67	64	29.45	29.50	29.54	N E	Cloudy	
7 Tues.	64	73	72	29.56	29.57	29.58	N E	Fair	
8 Wed.	57	74	70	29.55	29.52	29.53	N E	Fair	
9 Thur.	58	72	71	29.54	29.57	29.60	N E	Fair	
10 Frid.	54	68	67	29.61	29.60	29.55	N E	Fair	Foggy morning.
11 Satur.	62	74	68	29.48	29.44	29.43	S W	Fair	Foggy morning.
12 Sun.	63	73	72	29.43	29.48	29.48	N W	Cloudy	
13 Mon.	64	66	61	29.50	29.52	29.49	N E	Rain	1.01 inch of rain.
14 Tues.	56	71	71	29.53	29.57	29.60	N E	Fair	
15 Wed.	55	70	68	29.70	29.73	29.75	N	Fair	
16 Thur.	46	68	62	29.78	29.79	29.74	N E	Fair	
17 Frid.	53	65	62	29.68	29.63	29.55	N E	Cloudy	.36 inch of rain in the night.
18 Satur.	54	72	68	29.48	29.49	29.49	N E	Fair	
19 Sun.	56	67	63	29.60	29.60	29.60	N	Fair	
20 Mon.	52	66	68	29.59	29.60	29.59	S W	Fair	
21 Tues.	56	64	64	29.60	29.61	29.60	N E	Cloudy	Foggy morning.
22 Wed.	56	67	61	29.49	29.42	29.39	N E	Fair	
23 Thur.	58	68	68	29.44	29.45	29.45	N E	Cloudy	
24 Frid.	64	71	72	29.48	29.39	29.36	S E	Rain	.55 inch of rain.
25 Satur.	68	71	62	29.22	29.98	28.97	S E	Rain	.57 do. do.
26 Sun.	56	68	68	29.28	29.14	29.28	S W	Fair	Plentiful supply of water.
27 Mon.	50	66	63	29.41	29.48	29.50	W	Fair	
28 Tues.	49	70	66	29.50	29.43	29.40	S W	Fair	Dense fog.
29 Wed.	65	70	66	29.30	29.39	29.36	S W	Fair	1.34 inch of rain.
30 Thur.	48	55	53	29.20	29.20	29.23	N W	Cloudy	.01 inch of rain.

This month has been very pleasant; after the middle, fine rains have fallen, sufficient to supply the wants of vegetation—the whole quantity in the month, 4.37 inches. Thermometer has ranged between 46 and 82; barometer, between 29.79 and 28.97. There has been no frost, and vegetation is as verdant as in June.

Singular Phenomenon.—We were presented a few months since, by Dr. Jenks, Dentist, of Fredericktown, Md., with a superior molar tooth, on one of the sides of the neck of which, about the eighth of an inch above the termination of the enamel upon the crown, and just where the bifurcation of two of its roots takes place, is a protuberance, the size of a pin's head, or perhaps a little larger, covered with enamel. Now, what seems remarkable in this, is, that this protuberance is covered with enamel. We can very well conceive that it could have been formed by a deposition of bone, but the presence of the enamel, according to the prevailing theory of the manner of the formation of this substance, renders its explanation somewhat difficult.

Since writing the above, another molar tooth, having a similar enamelled wart-like protuberance upon it, was presented to us by Mr. Savier, student of dental surgery, of Baltimore.—*American Journal and Library of Dental Science.*

Number of deaths in Boston for the week ending October 9, 40.—Males, 25; Females, 15. Stillborn, 2. Of consumption, 5—infantile, 4—disease of the liver, 1—canker rash, 1—inflammation of the lungs, 1—accidental, 1—dysentery, 3—disease of the heart, 1—debility, 2—croup, 3—dropsy on the brain, 1—liver complaint, 1—scald, 1—disease of the spine, 1—old age, 1—fits, 1—scarlet fever, 3—marasmus, 3—lung fever, 1—palsy, 1—taking laudanum, 1—unknown, 2.

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearances.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	- - - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - - -	DR. PARKMAN.

Rooms for study, fuel, and light, free.

For terms, apply to S. Parkman, M.D., 196 Tremont street.

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H. I. BOWDITCH.
H. G. WILEY,

G. C. SHATTUCK, JR.
S. PARKMAN.

NEW YORK MEDICAL INSTITUTE.

THIS Institution has been formed for the more successful prosecution of medical studies, and the promotion of medical science in the city of New York.

The instructions will be divided into a Summer and Winter course. The summer course of Lectures will commence on the first Monday in April, and continue till the first of July, when there will be a vacation till the 15th of September. The lectures will then be resumed and continued until the last week in October. The courses of instruction are as follows:

1. Clinical Surgery—Valentine Mott, M.D., Granville Sharp Pattison, M.D. 2. Medical Jurisprudence—John W. Draper, M.D. 3. General and Orthopedic Surgery—W. Detmold, M.D. 4. General and Special Pathology and Therapeutics—Charles A. Lee, M.D. 5. Surgical and Pathological Anatomy and Operative Surgery—John Murray Carnochan, M.D. 6. Practical Medicine—James Stewart, M.D. 7. Diseases of the Eye and Ear—Alfred C. Post, M.D. 8. Chemistry and Medical Botany—Daniel Gardner, M.D.

Fees for the summer course, \$40. For single Tickets, \$10.

Winter Course.—The Winter Course will consist of Recitations, and Examinations on the different branches of medicine and surgery, taught in the medical department of the University of New York, and will be conducted by the following gentlemen.

1. Institutes of Medicine, Materia Medica and Chemistry—C. A. Lee, M.D. 2. Theory and Practice of Medicine and Obstetrics—James Stewart, M.D. 3. Anatomy and Surgery—John Murray Carnochan, M.D.

The course to commence in the first week in November, and to continue until the first of March. Fees for the course, \$35. For single Tickets, \$10.

For further information apply to the Secretary, 86 Prince street, near Broadway.

JAMES STEWART, M.D., Secretary.

VALENTINE MOTT, M.D., President.
O. 13—2t

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1841-42.

The regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been recently added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical Instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.

GEORGE MC'CLELLAN, M.D., Surgery.

WILLIAM RUSH, M.D., Principles and Practice of Medicine.

ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.

SAMUEL MC'CLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.

WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., *Dean.*

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRANVILLE SHARP PATRISON, M.D., Professor of Anatomy.

JOHN REVERE, M.D., Professor of Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a Surgical Clinic has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

JOHN W. DRAPER,

Secretary to the Faculty.

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MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

			Fees.
Anatomy and Operative Surgery, by	-	DR. WARREN,	\$15.00
Midwifery and Med. Jurisprudence, by	-	DR. CHANNING,	10.00
Materia Medica, by	-	DR. BIGELOW,	10.00
Principles of Surgery and Clinical Surgery, by	-	DR. HAYWARD,	10.00
Chemistry, by	-	DR. WEBSTER,	15.00
Theory and Practice of Physic and Clinical Medicine, by	-	DRS. WARE and BIGELOW,	15.00

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

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WALTER CHANNING, *Dean.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 20, 1841.

No. 11.

GENERAL INDEX TO THE MEDICAL JOURNAL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following very general index to the New England Journal of Medicine and Surgery, and the Boston Medical and Surgical Journal, embracing a period of twenty years, is the result of the habit of the writer of referring (usually on the outside of the cover) to such articles or facts in each quarterly or monthly No, as from their interest or supposed practical importance he wished subsequently to recur to. The reference is generally to a single page, and often to a sentiment or prescription embraced in a single sentence, indicated in his own copy by a marginal notice; thus enabling him to refer to the particular fact with facility. This practice has been found so satisfactory, that I have not only continued it, but, as may be seen, the references have become progressively more numerous.

Our periodicals are, when properly conducted, the store-houses where that best of knowledge, the result of personal experience, is accumulated; and though much of it, in time, becomes embodied in systems of practice, and is thus rendered accessible to all, no inconsiderable portion, it is apprehended, remains afloat for a long time, or is suffered ultimately to be lost. Instance the successful mode of treating one of our hitherto most fatal diseases, croup, by Surgeon Kemble. Though ten years have elapsed since his plan was commended to the faculty of N. England through this Journal (see Index Vol. III., page 25, and Vol. VIII., page 21), it is believed no system of practice, published in this country, contains it; even that excellent work on Theory and Practice by Marshall Hall, republished in Boston in 1839, though greatly enlarged and improved by its American editors, leaves us to pursue the old, and, in most cases, it is believed, worse than useless practice of bleeding in that disease. In justice it should be added, that of the many worthy offerings to the public weal by one of these gentlemen, this re-publication (notwithstanding a few supposed inadvertences) must be considered by physicians as one of the most acceptable. See, also, the use of the *Air-pump* in Strangulated Hernia, Vol. XIII. The writer has used this novel remedy in two cases only, but in both was its application perfectly and readily successful, after the failure of some of the common means of reduction.

The ordinary indexes to these volumes can hardly be considered a substitute for the references proposed; for often, as remarked above, the latter refer to a single fact, remark, or prescription, and hence the title of the

original article does not indicate the particular matter referred to. For instance, in Vol. VIII., page 389, is an article entitled "Considerations on the Bitterness of Vegetables," to which I have just had occasion to recur in my practice, that I might avail myself of some excellent remarks on the use of aloes in affections of the liver, contained on the 391st page, and referred to in the "General Index" thus, "Aloes, specific action of on the liver." It is obvious that the title of the original article could have given no clue to the particular remarks sought. Again, in Vol. X., N. E. Journal of Medicine and Surgery, page 231, is an article by Dr. Peirson, headed "Clinical Remarks." The article is continued through four pages, and on the last is a suggestion on sub-luxation of the radius in children (page 234 of the General Index), which I have repeatedly profited by in practice. It is now about twenty years since Dr. P.'s plain directions for reducing this pretty common injury were given; yet, after some research to ascertain the fact, I have not found this precise accident or its remedy clearly indicated in any system of surgery to which I have referred.

Being about to have the Journal, now consisting of more than thirty volumes, bound, I have been compelled to transcribe these references from the paper covers; having done so, and finding myself in possession of a general index of unexpected length, it occurred to me that its publication, from the considerations above stated, might be useful, giving such as possess any considerable series of the work an additional interest in it by rendering a reference easy to some of its most important contents.

With these views, I submit it to the disposal of the editor, and am,

Nantucket, 2d mo. 11th, 1841.

Respectfully, &c.

PAUL SWIFT.

References to some of the most important or interesting Articles, Facts and Suggestions contained in the New-England Journal of Medicine and Surgery, and the Boston Medical and Surgical Journal, from 1820 to 1840, inclusive.

NEW-ENGLAND JOURNAL OF MEDICINE AND SURGERY.

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[We regret that the paper of our esteemed correspondent has suffered, for so long a time, such apparent neglect at our hands. It has not been forgotten, however, nor mislaid. It was at first deferred on account of some doubt as to the best mode of printing it, and more recently original articles have been constantly on hand which seemed to require more immediate attention.—Those of our readers who have the volumes of the Journal from its commencement will doubtless find the Index of Dr. S. very convenient, and all will perceive that in the course of twenty years subjects of great practical importance, in every branch of medicine and surgery, have been treated of in its pages.—Since this Index was received from Dr. Swift, he has taken up his residence in Philadelphia, from which place we hope communications, containing results of his long experience and observation, will occasionally find their way to our pages.]

CASE OF STRANGULATED OBLIQUE INGUINAL HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

JOSEPH CHAPMAN, a wood-sawer, aged 55, has been intemperate for many years, but recently joined the happy number of reformed drunkards.

August 31st, the patient returned from his daily labor with a slight pain in his left side, where he had been troubled with oblique inguinal hernia for several years. He had worn a truss (or what he called a truss, which was far from resembling that instrument) for a long time.

Sept. 2d, I was called to visit the patient, and while inquiring into his symptoms and examining the abdomen, he remarked that he had been ruptured for many years, by which my attention was immediately directed to the parts implicated in hernia. There was a slight fulness of the external inguinal ring of the ruptured side, but no more, as the patient said, than was usually present in ordinary health. I could discover nothing of the tenderness and hardness that generally characterize the presence of a strangulated portion of intestine or omentum. The patient experienced no pain and but little uneasiness from any attempts to reduce the slight tumor, and said "all about the rupture felt as well as it usually did when about his work." As the patient represented himself to have been subject to similar attacks, like the present, that often lasted a week or more, and there beginning to be some tenderness of the abdomen, I bled him, directed fomentations to the abdomen, ordered injections to be used frequently, gave an opiate, and left him, cathartics having been given previously to my seeing him.

3d. Patient no better. Strangulation being now suspected, and not feeling willing to take the responsibility of an operation in this case alone, Dr. T. Chadbourne (who has directed his attention somewhat extensively to this branch of practice) was called in consultation, and advised against an operation—giving it as his opinion, that notwithstanding the patient's

present situation may be the result of, or occasioned by, his hernia; yet considering the entire absence of swelling, tenderness, or inflammation of the hernial tumor, the hernia could not be the only difficulty in the case; that the disease was probably beyond the reach of the knife; and considering the great prostration of the patient, in connection with his broken-down constitution from many years habitual intemperance, he thought the operation hardly justifiable, even if the symptoms of strangulation were less equivocal; but the absence of all inflammation, swelling and tenderness of the sac, the usual symptoms that indicate the necessity of an operation, strengthened his opinion as given above.

4th. Patient rather worse. Gave the tobacco injection twice, which had the effect to relax the system without any permanent relief. Gave several powders of calomel and opium, followed by a large dose of spirits of turpentine and castor oil, which was retained for a considerable time.

5th. Patient evidently worse; pain greater; abdomen swollen at every point; obstruction continues; feculent matter vomited; no swelling or tenderness of the hernial sac. Met Dr. C. again in consultation, who was still of opinion the patient's chance of recovery would not be increased by an operation. Recommended perseverance in the former means, and a repetition of the injections by means of the elastic stomach tube, introduced high up the colon.

6th. Symptoms decidedly worse; pulse quick and small; extremities cold, and frequent vomiting. The patient lingered until the 7th, at 4 o'clock, when he died.

Inspection, eighteen hours after death, assisted by my students, Dr. C. being out of town.—The exterior of the body natural when laid upon the table, with a considerable emaciation. Some rigidity of the abdomen, but both sides natural, excepting a slight fulness along the spermatic cord of the hernial side, below the external inguinal ring. The abdomen was opened after the usual manner. The peritoneum not much inflamed. The small intestines a good deal inflamed, and covered with enlarged capillaries. The region of the hernia was next examined, where a small portion of the ileum was found firmly incarcerated at the internal abdominal ring. The tumor formed by the strangulated portion of intestine, was about the size of an American walnut; not sufficient to obstruct the passage entirely. The aperture at the internal ring, through which the intestine escaped, was about one half inch in diameter. The sac was laid open below the external, which was natural, without any discoloration, or other marks of inflammation. The strangulated portion of intestine was of a dark brown and greenish hue, which extended to either side of the confined portion about two inches.

Cases like the above must be rare, and few only have been reported. I probably shall never see another; but if there are surgeons who have had similar cases in their practice, they would do the profession a favor, and carry safety to the patient, by reporting them. T. HAYNES.

Concord, N. H., Oct., 1841.

P. S.—Having handed the above communication to Dr. Chadbourne, it was returned with the following note. T. H.

The above case adds another item of proof to the generally acknow-

ledged fact, that "no class of diseases subjects the skill of the practitioner to a more severe test than the successful treatment of hernia in all its varieties." Even the *existence* of the disease is not always easily detected. A young man recently presented himself at the Infirmary for the Treatment of Hernia, in this town, wearing a truss applied by one of the most distinguished surgeons in New England. The instrument was applied after great effort made to reduce what was supposed an hernial tumor of recent occurrence. The next day after his admittance, the (supposed hernial) tumor was opened, and discharged a quart of pure pus. The disease proved to be a lumbar abscess that pointed at the external inguinal ring. The above is by no means a solitary instance. I have had two similar cases since. But this was particularly interesting on account of the deservedly high standing of the surgeon who applied the truss. It is a very common occurrence for patients to present themselves wearing trusses for varicocele or other complaints of the parts, when no hernia exists. B. B. Cooper reports a case in the *Med.-Chir. Rev.* for Jan., 1840, that terminated fatally, under equally equivocal symptoms of strangulation with your case. After a post-mortem examination, having found the bowel strangulated, he makes the very sage remark, that "if he were to have a similar case he would operate;" and who would not come to the same conclusion, after the light that dissection had thrown upon the case?

ON THE STRUCTURE OF THE TEETH.

[Notice has already appeared in the Journal of the publication, in England, of three memoirs on the teeth, read at the meeting, in 1839, of the British Association for the Encouragement of Medical Science, by Alexander Nasmyth. From a notice of the first memoir, in the *London Lancet*, we copy the following remarks and quotations.]

Our readers are aware that a tooth consists of three substances: of *enamel*, which forms a thin crust over the crown; of *ivory*, or tooth bone, which constitutes the chief bulk of the tooth; and of *cementum*, or crusta petrosa, which invests the root of the tooth, and under certain circumstances forms a thin lining to, or completely fills up the *cavitas pulpæ*. The ivory or tooth-bone consists of fibre-like, undulating tubuli, which traverse a dense, interfibrous or intertubular substance. The intertubular substance has been described hitherto by our best anatomists, among whom may be named Perkinje, Retzius, and Müller, as uniform and structureless. But Mr. Nasmyth is "disposed to believe that it is not only organized, but so differently and characteristically so in different animals, as to be capable of affording valuable aid to the naturalist in classifying the animal kingdom." According to Mr. Nasmyth, the producing structure of the ivory, viz., the pulp, "is cellular throughout its entire structure;" the producing structure of the enamel, viz., the internal surface of the capsule, is also cellular; and the ivory and the enamel which are formed by a transformation of the pulp, and of the internal surface of the capsule, bear distinct traces of the cellular texture of which their basis is composed.

This important discovery, the originality of which cannot, we believe, be questioned, was made by Mr. Nasmyth in the inverse order to that which we have adopted in describing its nature.

"My attention," the author observes, "was first drawn to the structure of the interfibrous substance on examining a delicate section of the fossil tooth of a rhinoceros, by the aid of a very high magnifying power, of one-tenth of an inch focal distance, and of the most perfect kind, with an achromatic condenser of light. The instrument with which I have conducted my researches, and upon the accuracy of which I place the greatest reliance, is that of Mr. Powell. In the section of the tooth of the rhinoceros to which I have just alluded, will be observed an appearance of cells or compartments;" an appearance which the author's subsequent investigations proved to be universal both in fossil and in recent teeth.

Mr. Nasmyth has also made researches into the structure and composition of the tubuli, which that gentleman terms "fibres," of the teeth of different animals. These he finds to

"Present an interrupted or baccated appearance, as if they were made up of different compartments—an obvious concomitant of the cellular structure of the interfibrous material. The size and relative position of these portions or divisions of a fibre differ in various series of animals. In the human subject, for instance, each compartment of the fibre is of an oval shape, and its long, small extremity is in apposition with that next adjoining. The long axis of the oval corresponds with the course of the fibre. In some species of the monkey tribe, the fibre appears to be composed of two rows of compartments parallel to each other. In the orang-outang the fibre is composed of rhomboidal divisions, and in the baboon they are oval, like those of the human subject, and the surfaces of the long axes are in apposition. In fact, each class of animals seems to have a distinct characteristic appearance, but all are similar in respect to the general baccated appearance."

Of the application of his views to practical purposes, the author remarks:—

"All systems of dental structure which have hitherto been propounded have failed, I think, to explain facts of daily occurrence; but they may be accounted for, I venture to assert, by the cellular organization of the interfibrous substance which has been improperly termed structureless, and by the peculiar baccated arrangement of the fibres.

On the structure of the enamel, we read the following:—

"According to the views of Retzius, Perkinje, and the recent investigators of the structure of the teeth by the aid of the microscope, the enamel consists of fibres, running in a direction from the centre to the circumference of the tooth. On making a section of the enamel in a direction parallel to the transverse diameter of the tooth, the appearance as described by these writers is observed, and they are said to be seen to terminate in a hexagonal form beneath the investing crusta petrosa. If, however, a different section of the enamel of the human tooth be made, for instance, one near the surface, parallel to the vertical direction or long axis of the tooth, an appearance presents itself which has induced me to

take a different view of the nature of the structure of the enamel. The section of the enamel presents compartments or divisions, but of a different character from those I have already spoken of as existing in the interfibrous structure of the ivory. Each compartment of the enamel is of a semi-circular form, and the convexity of the semicircle or arch looks upward towards the free external portion of the tooth."

[In connection with the above remarks on the structure of the teeth, we give below a recipe for their treatment when diseased and painful. It is from the pen of Dr. I. I. Greenwood, of New York, and is copied from the last No. of the American Journal and Library of Dental Science. In an introductory note, Dr. G. refers to the danger which every one knows attends the use of arsenic for this purpose, but he thinks it arises from the mal-administration of the article, and can therefore be avoided.]

When a patient applies to me for the cure of tooth-ache, I examine the tooth, and clean out the cavity, endeavoring to make *bare* the nerve, if practicable, with a small instrument. If the nerve bleeds, so much the better. I then wipe out the cavity with raw cotton steeped in essence of peppermint, laudanum or alcohol. After which, I take raw cotton of sufficient size to stop up three fourths of the cavity of the tooth. I dip the point into laudanum, so as somewhat to saturate the cotton with it, that the *mixture* I shall mention below may adhere to it. I then take upon the point of it, by *touching the mixture*, about the size of a large *pin's head*, and in *no instance* do I ever use more, *however large the cavity in the tooth*; but sometimes a *smaller* quantity. This I place in the cavity of the tooth, immediately in contact, if I can, with the *nerve*, and stop up the cavity with mastic, composed of Venice turpentine, heated, and mixed with calcined plaster of Paris and chalk. Feucht-wanger's Prussian cement for the teeth *will answer*, placed upon the raw cotton in the tooth, and sometimes mixed up with it so as to fill up the cavity, charging the patient to take it out in *three days exactly*, and in no wise to masticate on that side during the time. If a patient will come to me, which they generally will do, I take it out for them, which I prefer to do, and wash out the cavity with alcohol. The tooth is by this time *cured*; but for fear there may remain an ichorous fluid oozing still from the dental canal, I leave it for *three days longer*, when the organ is *fully prepared and ready* for stopping, either with *gold or otherwise*. The symptoms of the efficacy of the cure are these, viz.: the pain, *after commencing*, will endure for three or four hours, sometimes more, according to the *irritability* of the patient. After the acute pains have passed away, a soreness will continue for some time, accompanied by a looseness of the organ, occasioned by the inflamed state of the periosteum. This gradually dies away, and by the second or third day, *in almost every case, disappears*. If, *when* the raw cotton and the mastic are removed on the third day, the patient takes *cold water* in the mouth, and *no pain* arises from it, the *cause* is removed. This is the *proof in all cases*. I have been thus prolix, in order that you may be supported by one who has *tested* its efficacy for years with success, and, indeed, I make use of no other remedy. The following is the mixture alluded to, which I use,

and which is to be placed in *an ounce glass vial*, with *glass stopper*.
R. Three parts arsenic ; one do. acetate morphine. Mix.

EFFECTS OF CALCULUS IN THE FEMALE CHILD.

BY GEORGE A. REES, M.R.C.S.

THE following is the only case of the kind I have met with in the female out of nineteen thousand children who have been under my care ; I consider, therefore, that if briefly recorded it might be worthy of notice in your valuable Journal.

Ruth Mole, aged four years, was brought to me laboring under retention of urine, the mother stating that the child had not passed any water for two days and nights, and that the bowels had not acted during the same time.

July 12. There is considerable fever ; great pain ; constant moaning ; the head hot, and tossed from side to side : the pulse small and frequent ; the tongue dry, and covered with a brownish coating ; there is some delirium ; the abdomen is hot and tense ; the bladder perceived to be much distended, extending up to the umbilicus ; the external organs of generation are inflamed ; the clitoris distended ; the nymphæ slightly œdematous.

The distress of the child demanding immediate relief, a flexible catheter was introduced, and twelve ounces of turbid urine were drawn off, and an active aperient was ordered.

13. Immediate relief followed the abstraction of the urine, and the child slept for four hours. The bowels have acted twice freely ; there is constant inclination to go to stool, and considerable straining, causing the bowel to prolapse. No water has passed since yesterday ; the bladder is again palpably distended, and the same state of the external organs perceptible, but the fever is much abated.

The prolapsus ani and the state of the external organs of generation so analogous to what occurs in boys with retention of urine from urethral calculus (in whom erection of the penis with œdema of its integuments are the principal symptoms), led to the suspicion that the cause of retention in this instance might be calculus, which suspicion was found to be correct by the introduction of a probe into the urethra. It was, therefore, determined to leave the bladder as it was, unless urgent symptoms supervened, in the hope that the pressure of the urine might expel the stone from the passage.

14. The child is much the same in all respects, but the urine has dribbled away in small quantities since yesterday. The stone may be felt with a probe still lodging in the urethra. After a little trouble this was caught hold of by means of a small pair of common forceps, and brought forward to the orificium urethræ, through which its size prevented its coming without violence sufficient to produce laceration ; a small incision was, therefore, made, as less likely to be followed by incontinence of urine, and the stone extracted.

16. All symptoms relieved, but there is incontinence of urine.

22. The child is free from all symptoms, the incontinence of urine having ceased for the last four days.

The calculus is five lines in diameter, weighs eleven grains, and is nearly perfectly round. I believe a calculus of any other shape *could* hardly produce such symptoms in the female child.—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 20, 1841.

MASSACHUSETTS MEDICAL SOCIETY.

We omitted to mention last week that a pleasant meeting of the Council of this Society was held at the Masonic Temple, on the Wednesday preceding. A charter was prayed for by the physicians in the north part of Essex County for a district society, which was granted. No very important business was brought before the Council, of general interest to the profession.

Lithodeon.—A correspondent has directed our attention to the article called *lithodeon*, used by Dr. Mann, of this city, for filling teeth. Having no more partiality for secret tooth-filling compounds, than for secret medicines, we wish Dr. Mann would give his dental brethren all proper information concerning it, if, as represented, those teeth filled by the lithodeon nearly two years ago, are just as perfectly saved as they would have been by gold, and the patient saved from a great deal of pain connected with the operation. It seems as though gentlemen and ladies who have had their teeth filled with the lithodeon, could not conscientiously speak so decidedly in its favor if it were worthless, nor be deceived in the character of the protection which they assert has been afforded. We perceive, however, that a committee appointed by the American Society of Dental Surgeons, at their late meeting in Philadelphia, reported against the use of this and other substances as a substitute for gold.

Quackery in Georgia.—New England has generally been considered the place in which quacks could thrive better than in any other section of the Union. It is true that a host of them succeed very satisfactorily to themselves, especially those who are in the receipt of several thousand dollars per annum. But it is apparent, from a circular of huge dimensions which came the other day to the address of this office, that the inhabitants of the far-off State of Georgia are especially to be pitied, since G. F. Buchanan has published a kind of declaration, not precisely of independence, but of unparalleled impudence, alike obnoxious to the intelligence of the people in Wilkes County, as it must be to the good sense of the medical profession in that region. The proclamation beginneth thus—"Show me thy faith without thy works, and I will show thee my faith by my works." In coming thus before my fellow citizens, to tender them my professional services as a physician, I am influenced principally by a determination to correct a series of evils, which I have long since

deplored with increasing solicitude." This reminds us of two lines in Hudibras :—

"The people have all patriots grown,
They talk of public good and mean their own."

Facts and important Information.—Such is the title of a little pamphlet, by Geo. Gregory, who has collected what is thus presented, from the writings and cases of eminent physicians, the whole relating to the vice of masturbation. The author is intending to throw off another edition in a few weeks, to be greatly improved by additional materials from high sources. Books on this subject have become somewhat numerous of late, and that they may exert a good influence in opposing the stealthy march of moral and physical pollution, is devoutly to be hoped.

Homœopathy at Home and Abroad.—The eighth anniversary meeting of the New York Homœopathic Society was held on the 23d. Dr. Gray is president.—Dr. Horner has been furnished, by voluntary contributions, with 27,000 florins for founding a homœopathic hospital at Gyongyos, in Hungary, which makes the seventeenth on the new medical system now existing in Europe.

M. Dieffenbach.—Louis Philippe, King of the French, has conferred the order of the legion of honor on this celebrated surgeon, for his discovery of the successful operation for strabismus. Although M. Dieffenbach was the first to operate on the tongue to overcome the cause of stuttering, he has wholly renounced the operation, as being not only a dangerous business, but uncertain in its results. The last patient of his who submitted to the knife, bled to death under his hands.

Dartmouth College.—There are thirty-four junior and forty-six senior students in the medical department of this ancient and respectable College. From all we can learn, the lecture term has been, thus far, pleasant and profitable to all who are connected with the Institution.

Vermont Academy of Medicine.—We learn from the Castleton Statesman that at a meeting of the Board of Trustees of this Institution, held on the 5th inst., D. M. Reese, M.D., of New York, was unanimously elected Professor of Theory and Practice of Medicine, in place of H. Green, M.D., resigned. Dr. R. was the Professor of Practice in the Albany Medical College the first two years of its existence, in which time his courses did honor to himself and credit to the College. His connection with it, we are told, was discontinued in consequence of his professional engagements in New York, requiring his attention particularly during the winter season. Dr. R. is the American editor of the last edition of Cooper's Surgical Dictionary, and the author of several works upon medical and other subjects. The appointment of Dr. Reese completes the Faculty, which is composed of the following gentlemen :—Theory and Practice of Medicine, D. M. Reese, M.D. ; Chemistry, Wm. Mather, M.D. ; Surgery, F. H. Hamilton, M.D. ; Ophthalmology, W. C. Wallace, M.D. ; Physiology, Pathology, and Operative Obstetrics, C. L.

Mitchell, M.D.; *Materia Medica, Therapeutics, and Obstetrics*, Joseph Perkins, M.D.; *General, Special and Surgical Anatomy and Medical Jurisprudence*, James McClintock, M.D.

Dislocation of the Wrist. By RALPH N. M'DERMOTT, Surgeon.—A young gentleman, ætat. between 14 and 15, climbing over a high wall, and finding himself falling, instinctively put out his hands to break his fall. He came with all his weight upon his out-spread palms, and states, that "his wrist was doubled under him," the inferior incisors cut deeply into the lower lip, and the left wrist was dislocated. I was sent for, and saw him in half an hour after the accident occurred. The carpus formed a tumor posteriorly, above which there was a depression. Anteriorly I could feel the ends of the radius and ulna, in the palm of the hand, which was semi-flexed, and supported carefully by his right hand. He complained of a numb or dead sensation in the limb.

Reduction was easily accomplished, and the power of motion in a great degree restored to the joint. A splint and cold lotion were applied, both of which were laid aside after the second day, not being found agreeable to my patient. A professional friend saw this case with me, and at once concurred in the diagnosis of dislocation.—*Lancet*.

Preservation of Leeches. By C. WATKINS.—Owing to the mortality prevalent during the summer months among leeches, I have tried many plans to keep them healthy, but none have succeeded so well as a piece of charcoal put into the water, which keeps it perfectly clear and sweet for a week or more; and since I have employed it I have not lost any, though previously the mortality had been great.—*Id.*

Medical Miscellany.—At a town meeting in Hartford, Conn., a committee was raised to take into consideration the subject of providing a suitable hospital for the sick, at the Almshouse.—A singular disease prevails among the testaceous fishes, as they are called, viz., oysters, scallops and clams, in Contares County, N. C. When opened there is a gelatinous, bloody fluid within the shell, of a very unusual appearance.—Dr. Fitch, of Philadelphia, a dentist of high reputation, who was arrested and carried to Connecticut a short time since on a charge of forgery, has returned home. It is said to have been a malicious and wicked scheme to extort money from him.—Dr. Haddock is appointed post-master of the city of Buffalo.—A Thomsonian practitioner of East Randolph, Vt., has been indicted for causing the death of Jonathan Sherburne. The declaration of the complaint runs thus, viz.: "Not having the fear of God before his eyes, but being moved and seduced by the instigation of the devil, on the 23d day of July, now last past, with force and arms, at Randolph aforesaid, in and upon one Jonathan Sherburne, in the pence of God and of this State, then and there, being wilfully and feloniously inclined, an assault did make, and certain hurtful and injurious and dangerous and inflammatory powders, commonly called composition powders, secretly prepared, mixed and made by him," &c. It is no way to make the medical profession respectable, for its members to become the persecutors of any class of practitioners which they pretend to look upon with marked contempt. This prosecution may exasperate a multitude of people against the regular profession, and increase Thomsonian patrons a hundred fold. Soft words turn away anger.

MARRIED.—At New Haven, Conn., A. B. Roberson, M.D., of New York, to Miss S. Taylor.—At New London, Conn., Dr. Jackson Bolton, of New York, to Miss Ann H. North, daughter of Dr. E. North.—At Conquest, N. Y., Luther R. Palmer, M.D., of Sterling, N. Y., to Miss Helen L. Perkins.—At Philadelphia, Albert Whitely, M.D., to Miss E. A. Townsend.

Number of deaths in Boston for the week ending October 16, 41.—Males, 19 Females, 22. Stillborn, 5. Of consumption, 9—apoplexy, 1—infantile, 6—dropsy in the head, 2—cholera infantum, 2—croup, 1—old age, 2—hooping cough, 1—lung fever, 1—typhus fever, 2—lumbar abscess, 1—canker, 1—marasmus, 1—dysentery, 1—dropsy on the brain, 1—scarlet fever, 1—child-bed, 1—cholera morbus, 2.

ONE MEDICAL STUDENT,

Of correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office.

Boston, October 18, 1841.

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

The annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECKM., M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOSCH, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841.

Je 23—epif

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

The SECOND Session of this Institution will commence on the first Monday of November next. The Faculty is constituted as follows:

HORACE M. HAYDEN, M.D., Professor of Dental Physiology and Pathology.

H. WILLIS BAXLEY, M.D., Professor of Special Anatomy and Physiology.

CHAPIN A. HARRIS, M.D., Professor of Practical Dentistry.

THOS. E. BOND, JR., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A25—tN

THOS. E. BOND, JR., Dean.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

The Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.

GEORGE MCLELLAN, M.D., Surgery.

WILLIAM RUSH, M.D., Principles and Practice of Medicine.

ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.

SAMUEL MCLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.

WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—ep6w

S. G. MORTON, M.D., Dean.

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

Any instrument not in store, obtained to order at three days' notice.

Ap 7—6m

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.
HARVEY LINDSEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12—lamtN

THOMAS MILLER, M.D.

Dean of the Faculty.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by - - -	\$15.00
Midwifery and Med. Jurisprudence, by - - -	10.00
Materia Medica, by - - -	10.00
Principles of Surgery and Clinical Surgery, by - - -	10.00
Chemistry, by - - -	15.00
Theory and Practice of Physic and Clinical Medicine, by - - -	15.00
DR. WARREN,	
DR. CHANNING,	
DR. BIGELOW,	
DR. HAYWARD,	
DR. WEBSTER,	
DRS. WARE and BIGELOW,	

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

A 1—eptN

WALTER CHANNING, Dean.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by - - -	NATHANIEL CHAPMAN, M.D.
Chemistry, by - - -	ROBERT HARE, M.D.
Surgery, by - - -	WILLIAM GIBSON, M.D.
Anatomy, by - - -	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by - - -	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by - - -	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by - - -	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by - - -	W. W. GERHARD, M.D. and
“ on Surgery, by - - -	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 20, 1841.

A 23—tDeci

W. E. HORNER, Dean of the Med. Faculty, 263 Chestnut st., Philadelphia.

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES McNAUGHTON, M.D., Prof. Theory and Practice of Medicine.
T. RONEYN BECK, M.D., Prof. Materia Medica.
BENEZER ENMONS, M.D., Prof. Obstetrics and Natural History.
LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
JAMES H. ARMSBY, M.D., Prof. Anatomy.
THOMAS HUN, M.D., Prof. Institutes of Medicine.
AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$6 to \$3.50 per week.

Aug. 11—6w

ALDEN MARCH, M.D., President of Faculty.

J. H. ARMSBY, M.D., Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are three volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, OCTOBER 27, 1841.

No. 12.

AMPUTATION OF THE THIGH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Within a few days past I have made my eighty-fourth and fifth operations of amputation of the thigh. All these operations have been made in my private practice, during the period of 34 years. The cases occurred principally in the northern portion of the State of New York. I made many amputations of the thigh, while attached to the U. S. Army, during the late war. I cannot state the number, or detail their causes. I am able to state the causes which made amputation necessary in my private practice, and the results following the operations. Eleven of these operations were on females, and seventy-four on males.

2 Cases of Fungus hæmatodes.

3 " Necrosis, under the age of 10 years.

2 " Osteo-sarcoma.

3 " White swelling of the knee-joint.

1 " Periostosis and destruction of the tissues of the knee-joint.

11 Females.

23 Cases of Necrosis, commencing on the femur, or tibia, and involving the knee-joint.

7 " White swelling of the knee-joint.

6 " Spina ventosa of the tibia, involving the knee-joint.

10 " Fungus hæmatodes, principally located in the lower leg.

8 " Compound fractures of the thigh, with contusions of the knee and leg.

4 " Divisions of arteries and nerves by incised wounds.

3 " Aneurisms of arteries of the thigh.

8 " Mortification, following contusions of the thigh and leg.

5 " Fractures of the tibia, with dislocation of the ankle-joint, and contusion of the tissues, producing tetanus and

74 Males. mortification.

There was an entire recovery in all the female cases, from the operation of amputation. Those with fungus hæmatodes died within three years after amputation, with tuberculated state of the lungs.

Out of the 74 cases of amputation of the thigh on the males, two died within twenty-four hours after the operation—one from secondary hæmorrhage, and the other from extreme feebleness at the time of the operation.

ration ; no re-action followed. Nine died from the suppurative process on the stump following the operation, occasioned by venereal and scrofulous taints of the system ; remained in a feeble state from five to twenty months, and died. The other 54 entirely recovered from the operation, and were healthy.

Those with fungus hæmatodes, who suffered amputation for that affection, passed under visceral disease (the lungs and mesenteric glands), and died within four years after the operation, though apparently healthy for the first year or two.

Four that suffered with white swellings, after amputation declined, and perished with pulmonary consumption after four years.

For the first few years, in operating, I was governed by the directions laid down by C. Bell in his first work on operative surgery. In all cases where a limb was to be lost, from any sudden accident, I advised and practised immediate amputation, or before much re-action or inflammation commenced. I made the operation by a circular incision, as directed by Mr. Bell, turned back the integuments, and divided the muscles by applying the knife under the supported integuments ; commencing on the inner margin of the vastus internus, and carrying the knife obliquely upward, making one sweep through the whole muscles to the bone, which bared the bone two or three inches higher than by the perpendicular incision. These incisions were expedited by an assistant elevating the parts as fast as they were divided, and using a retractor for the application of the saw. I usually dissected the muscles from the bone about an inch, and removed the periosteum only at a point for the saw. This mode of operating generally occupied from three to five minutes, and the dissection and turning up of the integuments gave the patient great pain. To secure the arteries, I always used the tenaculum of a small size, and a ligature of two flaxen threads well waxed, and left flat, on the large arteries, and one thread on the small ones, and secured every artery that threw out blood. After this, brought down the integuments and muscles over the bone, and secured with adhesive straps, six inches long ; placed thick dossils of lint over these, and compresses and roller over the whole, so as to make an easy support to the parts. If spasms followed upon the stump, producing much agony, I let blood and gave opium. I used the animal ligature in some cases, torsion, and other means recommended for securing arteries, but have always succeeded best with the thread.

Although I always had success with the circular incision, and process, as mentioned, in the first thirty cases of amputation, yet I afterwards occasionally operated by making two flaps, by dividing the integuments in a circular manner with a large scalpel, down to the muscles, and turning them back, and then dividing the muscles as in the circular operation. This mode subjected me to a serious difficulty. The bone would incline to rise and protrude towards the opening at the upper part of the limb.

In a majority of the last twenty cases of amputation of the thigh, I have operated by making the flap-amputation ; passing a narrow, double-edged knife, and cutting from the bone outward on each side, making two flaps. These are semi-circular, their convexities extending in a pa-

rallel manner forward, and their terminations meeting at the upper and lower surface of the limb, where the knife entered and passed out.

I have operated a few times by cutting in a semicircular manner from the surface to the bone, making two flaps. This gives more pain to the patient than the mode of cutting from the bone outward. The painful part of the operation, viz., cutting the soft parts, can be made in the first manner very quick, and the patient saved from much distress. The time occupied by me generally, in ordinary cases, is from thirty to forty seconds, and in every instance a quick union of the flaps and sound state followed by the first intention.

I have met with no instance of nervous irritation, or difficulty in securing arteries, after operating in this manner, as recently reported by some. In emaciated cases, I should still prefer the circular operation; but in this matter I should advise every operator to consider the nature of his case, and adjust means accordingly.

AMASA TROWBRIDGE.

Watertown, N. Y., October, 1841.

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VI.

[Continued from Vol. XXIV. page 425.]

NOTWITHSTANDING that a tropical climate and a summer season are usually the inseparable concomitants of yellow fever, yet there are, in sporadic cases, exceptions. Hereditary, constitutional, or acquired predisposition to receive certain morbid impressions, will prevail over the necessity of contagion, infection or season. And thus it is, that individual causes and cases set at naught all general rules. We ourselves have seen highly bilious symptoms with black vomiting in December. And one of the best described cases of yellow fever in New York, which we have seen, occurred in January, to which the physician was called on the eleventh day of that month. The patient; a fine, neat girl (in a family noted for regularity), aged 17 years, had at first almost continued chills and shiverings, succeeded with tremor, *without* chills or any sense of cold; and what is very often found, but very seldom described, *pain in the whole skin*. She had an unusual yellowness, with yellow eyes, and her blisters discharged a yellow serum. Her ejections and dejections became quite black. She had derangement, subsultus, hiccups, black vomit, and died on the tenth day from the first visit of her physician, Dr. Seaman.

The season of winter prolongs the approaches of death of summer fevers. The season of summer procrastinates a fatal termination of winter epidemics. A crisis is sometimes a skin moist and warm; sometimes an increased expectoration; sometimes a copious sweat; sometimes a diuresis; sometimes diarrhœa; and sometimes death. When all the elements are at peace with man, man is usually at peace with all the elements. But as the bodies of men are of elementary composition, when heat is extreme, cold intense, winds devastating, rains inundating, or droughts drying up all moisture, and the solar rays exhaling putrescent steams, man feels the force of febrile commotion. Animal nature in man, the favorite of Heaven, seems in some years particularly exempt from all

malediction. But in other years his species are not screened from all the ills to which flesh is heir. The cold of Wilna will destroy the Neapolitan, as Buonaparte's expedition to Russia fully proved; and the hot steams of Naples will prostrate the Scythian.

There are seasons in which man, other animals, and vegetables, seem all alike to flourish. But there are other years in which that which seems propitious to the growth of grass and grain, deals destruction upon a large scale to animal health. Such, in almost all parts, was the year 1803. The islands of the Mediterranean, the south of Europe, and the country parts of America, and some of its cities, evince, by the monuments and records of the dead, a year of unusual mortality. It seemed as if the North was transported to the South, and felt the effects of a tropical climate. The thermometer ranged from eighty to ninety degrees,* and for several hours in the day was not below the latter, and sometimes higher than the former, in July. Some provinces in Spain suffered severely by fever. The equatorial winds seem to have overcome all the refreshing breezes of the North, and to have blown with a constant current from the South. And this not locally, but generally, in both Europe and America. Yet, as if there was reason in those theorists who suppose that the miasm of one year may be retained in the body until the next year, it is singularly striking that in 1804 mortal epidemics appeared on high hills and other locations where they heretofore had never been known. And this, although the latter year was cool in the summer, cold in the winter, and without any remarkable variations of temperature at any time.† The news from the West Indies, and from Charleston, in 1803, announced no unusual sickness there. The southerly winds seem to have carried pestilence from the South to the North. Smallpox, natural and inoculated, as also kinpox, were remarkably mild and manageable—serving to show that nature, that year, had transferred the outlets of human life into other channels, but still giving warning, by oppressive calms, or more prostrating southerly winds, that disease and death were not sleeping visitors. In Philadelphia the heat and profuse rains made the climate there “perfectly tropical.” Yellow fever appeared almost simultaneously in that city and in New York, about the 20th of July. Still, previous and present causes predominated in that season over the thick buildings and fogs of cities, and spread the fomes of yellow fever all over the country; and could memory, monuments, and the record of deaths, with their causes, be strictly analyzed, we should find in that year a case or more of yellow fever in most towns in the United States; whilst in our large cities the mortality was not in anywise comparable to what it had been in those years in which it did not spread through the country.

There are erroneous impressions among us as to yellow fever being a stationary disease in the West Indies. Mr. Eckhard, Danish Vice Consul at Philadelphia, in 1804, who had previously resided nearly twenty years in the island of St. Thomas, speaks upon this subject in a manner which is confirmed by others, and which it is believed is entirely correct. He

* In both New York and Philadelphia.

† This was not the fact at the South, however, the climate there being highly tropical.

says, "the fever never spread to the inhabitants at large, but was confined to persons recently arrived from northern climates, and to those on board vessels in the harbor."* And he further states another important fact, when he says—"I never heard of a single instance of any person who had resided for some years in the island, being afflicted with malignant fever." He then adds—"a residence of nearly twenty years in the island, enables me to speak positively as to this fact." Mr. Eckhard had looked well into the subject, for during his residence at St. Thomas, a number of deaths of young men from northern climates had occurred in his own house.† We do not know that the opinion is entertained there, that persons coming from northern climates, who are so apt to have malignant fever, when the inhabitants there are healthy, bring the fever with them. But we were deeply struck with the account that strangers were ordered to quit the city of Charleston, in some seasons, on account of their being attacked with what is there called *the stranger's fever*. We believe, however, that the Creoles have as much reason to impute the introduction of fever among them to those from the higher latitudes, as Dr. Chisholm had for its being brought from the African island of Boullam, in 1793, into the island of Grenada; or that the French physicians had for calling it *La Maladie de Siam*, because it appeared at Martinico in 1685, at a time some vessels were there from that part of the East Indies.

If we look into Dr. Robertson's History respecting the discovery of America, and the early voyages of Columbus, Ovanda, and others, we shall find that the Spaniards suffered sickness and mortality in Hispaniola and other West India islands. But we believe that it will be difficult to find any positive account of their having found the natives sickly, until they were first sick themselves. We know that contrary inferences have been drawn; but inferences and facts are sometimes very different things.

In the numerous instances which we have seen of the attempts to refer the yellow fever to importation from the West Indies, into our Atlantic cities, we do not recollect one in which any proof was adduced of the reign of it among the acclimated inhabitants of those islands from whence the suspected vessel came. There have, to be sure, been numerous examples of the crews of northern vessels having sickened there, sickened on their way home, and after they got home or into port. But such cases are to be referred to the tropical climate from whence they came, and not to the healthy population of the port from which they sailed.

Hippocrates, Celsus, Aretæus and Trallian, may be referred to as not having mentioned any such source of disease as contagion. Dr. Mosely says that it was unknown to the ancients who studied nature, and that it was the nonsense of Fracastorius. Dr. Mead, however, may be adduced as its great modern champion. Dr. Hosack, whose general opinions we respect, contended for contagion in yellow fever. But still he did not think it so much so as to spread in pure air, or without bad and local ex-

* Italics his own. In the tropical regions of South America, the Indians, as Le Blond tells us, escape yellow fever.

† See a Letter to James Mease, M.D., in *Med. Repository*, Hexade II., Vol. I., p. 336.

halations to conduct its virus. Now it is well to consider that one person will spoil a gallon of air in a minute when it is pure, and the weather cool. How much will be added to pestilential fumes from this source in a tropical, calm season of drought, merits consideration. The breath of a multitude in a crowded, infected part of a city, when winds do not blow nor rains fall, is to be suspected as adding fuel to flame. Fire engines, then, to throw plenty of water upon the roofs of all the buildings, and even into the air of yellow fever districts, would seem to promise more towards disinfecting them, than any other means. Covering the earth of such places with lime, has been tried in New York without any benefit. Heat, putrescent miasm, and a dense population, have been supposed sufficient to produce yellow fever without contagion. Still, if we admit Dr. Hosack's opinion to be correct, these three causes must combine in order for his supposed contagion to spread. All parties would, upon this point, then be in unison, and the causes should if possible be remedied. We would produce an artificial rain, with fire engines. And as a means of individual prevention, we would advise every person, in an infected district, frequently to use the warm bath. Indeed we think that warm bathing has been far too much neglected in the cure.

Of bloodletting we have an exalted opinion in some cases, especially where inflammation can reasonably be supposed to be of the phlegmonous kind. But it is to be suspected that the implicated viscera, when any local viscera is implicated, is affected in many, perhaps in most cases, with the erysipelatous species of inflammation, in which bleeding is as pernicious as in typhus fever, and in which the plan of Dr. Miner, of treating yellow fever with *calomel* and *opium*, is immensely to be preferred. We would not, however, by any means omit the warm bath. And to quiet nausea, burning and distress at the stomach, we would break ice into small pieces, throw them into water for a short time to melt off the sharp points, and let the patient swallow them in a tablespoonful of milk or lime water.

Whatever may be the most rational theory of the proximate cause of fever, one of its most constant proximate effects is a dry skin and suppressed perspiration, which continually add to that inward heat which has already begun to burn the vital viscera. Hence by restoring perspiration by means of warm bathing, we open an innumerable number of avenues on the surface, to emit and expel the inward devastating flame, as well as the morbid poison of contagion, infection, or whatever name is given to the occasional cause of the fever.

Cold countries are liable to more diseases than warm ones. But in the United States we are subjected to tropical complaints in summer, and arctic ones in winter. Influenza often denotes the invasion of more serious and more mortal epidemics. But not always, as it sometimes denotes their cessation; as did that of 1815-16, which seemed to check the progress of pneumonia typhoides, and typhus or spotted fever, which had prevailed for the six, eight, or more preceding years. But these latter fevers were in the southern States ushered in by that influenza which denoted their cessation here.

As we have mentioned bloodletting, one or two further observations

respecting it now occur. If the yellow fever in any given case is inflammatory, the loss of blood must be proper, unless it can be ascertained that the inflammation is of the erysipelatous kind. If, therefore, the buff on the blood evacuated is white, or light yellow, it may be decided on that phlegmonous inflammation is present; and more especially if it becomes cupped. But if the buff or pellicle be of a lead or pigeon color, the lancet must be cautiously used, as such a color denotes a diathesis which does not bear that evacuation well; as does also a pricking or mordicant heat of the skin.

Entire suppression of alvine evacuations, which does not yield to cathartics in increased doses, is a fatal sign, and in every case should be foreseen and prevented by repeated changes of cathartic medicine. We have been too apt to rely alone on particular and favorite kinds of cathartics. An emetic in a dose sufficient to prove cathartic, is a mode of treatment calculated to prevent a succeeding torpor of the bowels. Still, when the first symptoms of it occur, we should resort to the relaxing powers of warm bathing, either by immersion, which is best, or by blankets wrung out of hot water, in which the patient should be wrapped.

A very quick pulse, even if it is full, marks rather an erysipelatous than a phlegmonous diathesis. But in such a pulse, other attending signs and states of the system must be considered.

We believe that emetics, by their universally agitating every secretory organ, are the best preventives of the non-secretion of urine, which hitherto has proved a fatal symptom. In one of the cases of recovery upon record in which black vomiting, hemorrhage, coma, black tongue, black stools, cadaverous perspiration, with thread-like pulse, vomiting of blood, singultus, delirium, and lying on the back with the knees drawn up, occurred, an emetic had been given in the early stage. The respiration at one period of this case was heavy, and so slow that about half a minute intervened between each, and which was attended with a "rising of the breast very much." But a swelling of one of the parotid glands took place, which seemed like a gleam of life in an army of death, and final recovery ensued.* We knew a case of yellow fever ourselves, in which a swelling of the submaxillary glands, against a host of morbid symptoms, ended in the safety of the patient.

"Silly delirium" has been a common attendant on diseases not dangerous. But in yellow fever it has occurred as a companion of alarming import, and the very usher of death itself. Yellow eyes and yellow skin, although usual, are not universal.

In a salivation, which has, when it could be produced, insured safety, spongy gums have ensued. And in one instance, in the course of forty-eight hours, six pounds or more of blood from the mouth have been discharged; and the patient recovered.† Indeed, as before observed, we have known a dangerous, but not a fatal, hemorrhagy from salivation.

Alkalies have been given to alleviate that extreme distress of the stomach which renders the situation of the patient truly pitiable; and sometimes with good effect, when acidity has been present. But even in this

* The case referred to occurred at Catskill, N. Y., and is given by Dr. Benj. W. Dwight.

† Ibid.

case we think that there is to be found in dilute nitric acid a far superior remedy, and one far more congenial to the general state of the system, and better adapted to counteract the morbid action going on in the first passages, which alkalies do not reach.

In pertinacious vomiting, a blister to the præcordia must never be omitted. But in this case, the dilute acid just mentioned, in teaspoonful doses, with a few lumps of ice of the size of a pea, will be found useful and grateful adjuvants. In cases of hemorrhage we would substitute diluted vitriolic elixir, instead of the nitric acid. But we would not trust to that or any other remedy without accompanying it with liberal doses of opium, in some form or other; and that form of all others to be preferred, is the sulphate of morphia, in doses of one eighth to one fourth of a grain, combined with sugar of lead, repeated every two hours till the hemorrhage ceases, or very much abates.

One word as to acids. Some have had a violent craving for them, but never for alkalies. And after the latter have been tried in all their forms, as well as absorbents, the nitric acid will be found, however we may account for it, a better remedy for a sour stomach than any one or all of them.

The yellowness, in yellow fever, is to be looked for at first about the angle of the lower jaw, and in some cases may be found no where else. The whole surface will be in some cases rather dingy, than specifically yellow.

In cases not severe, nor definitely marked, nor of a very high inflammatory grade, calomel and opium cannot be too highly extolled. It is one of the properties of calomel to excite the urinary secretion, and to increase the urine; indications very important to be fulfilled in yellow fever. Low delirium, stupor and coma, are best relieved by opiates. When the skin is very hot, we like the good old Hippocratic method of applying linen to the surface wet in cold water, rather than the cold dash. When friends fear that the patient will take cold by this external febrifuge, there can be no kind of objection to the addition of spirits to the water, which by increasing the evaporation, increases the cooling process.

Aphthæ may be treated with vegetable acids; but we can speak here, again, more in praise of a very dilute preparation of nitric acid, than of any other remedy. The peel of lemon may be steeped in the water with which it is diluted, and then, if sweetened with refined sugar, a very agreeable, cooling anti-emetic beverage is produced. We have given it in cholera with decided advantage in arresting the vomiting, as well as in ulcerated sore mouth. Citric acid may sometimes, however, be preferable, if there be great heat, and its mode of action is to be referred to the same principles. In hiccups, an emetic of ipecac. is very much to be relied on; succeeded by the effervescing draught, made with citric acid.

Cloths wet in warm spirits and vinegar, applied to the bowels, may be used to aid the operation of cathartics. And where much difficulty occurs, croton oil must be applied near the umbilicus, and injections of assa-fœtida administered. We regard this article as important where spasm is the cause of retarded motion, but spirit of turpentine may be added if torpor is suspected.

As a general febrifuge, we esteem eight grains of nitrate of potash and the same quantity of cream of tartar, given in very fine powder and washed down with sage tea, that the solution may take place in the stomach, as highly estimable.

But after all, the distress at the præcordia, or cardialgia, which we have repeatedly referred to, will be found most complained of by the sick, and most perplexing to the practitioner. Resort must be had to the blue pill, to quinine, to lime-water, to alkalies and absorbents. But we view the latter as only removing the effect, without touching the cause, and that the nitric acid will be found preferable both by patient and physician. In one case a powder in which turpeth mineral—*yellow sulphate of mercury*—was the active ingredient, in doses of about one and a half grains, did more than anything else we could devise. Its *modus operandi* was doubtless that of producing a *contra-stimulus*, or counter-action. It did not puke the patient. It was combined with pulverized allspice and cinnamon. The two latter ingredients were adopted by the suggestion of an aged physician. The patient had malignant bilious fever.

In threatened mortification, bark must be our resort in preference to quinine or any other tonic.

Relapses have sometimes been frequent, and were so prone to recur under the tonic plan, that a contrary practice has of late been adopted. It is that of frequently inducing *catharsis*, during convalescence; upon the principle that morbid secretions continued, and were wont to enkindle the fever anew. Rhubarb and magnesia may in most cases be sufficient, but the occasional addition of a few grains of calomel, when yellowness of the skin and eyes continue, or return, cannot with safety be omitted—the patient's strength being at the same time supported with wine, white or red, as he prefers, and either clear, mixed with water, cold or warm, in toast, in whey, or with milk, as symptoms and the patient's preference dictate. A feeble remedy of a new kind may do more than one more powerful that has long been tried.

As to the diet proper for those recovering from fever, let it be at once considered that relapses, and even death itself, have proceeded from a small quantity of indigestible food. The trophies which many a practitioner seemed about to win from extremely dangerous cases, have, when their patients seemed on the point of complete recovery, been suddenly snatched away by the kindness of friends, but sometimes by the patient privately obtaining improper articles; and again, perhaps most frequently, by the tender feelings of the physician being excited by importunities, which he thought might without great risk be granted. But the best way is, in a matter so vitally important, to err on the safe side, and run no risk. I never can forget the case of a gentleman who came home sick of yellow fever from the island of Grenada, and after having been on the very borders of the grave, had recovered from every dangerous symptom, when by eating a small piece of apple pie, his life was thrown into the most imminent danger. I was then very young in practice, and although he finally recovered, the lesson taught made too deep an impression ever to be obliterated.

Tonics cannot be with propriety omitted. Still it must ever be borne

in mind that they are slow in operation to do good ; but if they disagree, they are speedy to do mischief. Wine is better than bark, as it does not constrict. It is better than opium, as it does not constipate. It is better than any other remedy to raise the spirits sunken by sickness, and the pulse by inanition. And if diluted and given warm, or in whey, it supports the system, and tends to fulfil that all-important indication of keeping up a due perspiration.

DYSPEPTIC ASTHMA.

BY H. A. ROODES, M.R.C.S.L., LONDON.

THE discovery, by Dr. Marshall Hall, of the reflex action or function of the nerves, will doubtless enable physiologists to explain many phenomena heretofore deemed inexplicable. By reflex action I understand the property possessed by a nerve of transmitting an impression made upon the extremities of one of its branches to the extremities of another branch, whereby an effect is produced on the part to which such impression is conveyed, similar to that which would have followed had the impression been made directly upon the extremities of the branch thus secondarily affected.

The knowledge of the fact that the nerves are endowed with this power, or function, will enable us to understand how it is that the chief pain in disease of the hip-joint is often referred to the knee ; and how certain affections of the uterus occasion pain in the back, hips, and lower members, &c. &c. ; so the distribution of the branches of the pneumogastric nerve will serve to explain why cough should result from the presence of crude indigestible substances in the stomach. May it not also afford us some assistance in our inquiries concerning the causes and pathology of asthma ?

Most of your medical readers must have observed the almost instantaneous effects which sometimes follow the administration of opium and other medicines in cases of asthma, and which, from their rapidity, must necessarily be produced through the medium of the nervous system ; and if a curative effect can be produced on the lungs by an impression made upon the gastric branches of the eighth pair of nerves by a medicinal agent, we cannot reasonably doubt that a morbid impression made on the same branches, may, in like manner, occasion morbid effects in the tissues to which the pulmonary branches are distributed.

It is probable that some peculiarity of organization obtains in the lungs of persons subject to spasmodic asthma, which may be considered the predisposing cause of the affection ; but the exciting cause, or that which operates in producing a paroxysm, and which is occasional or accidental, we can perhaps discover and guard against. It is well known that attacks of this affection occur in all states of the atmosphere, whether it be dry, humid, warm or cold ; and that neither of these states renders the attacks either more or less prevalent, which is at least a negative proof that the exciting cause of paroxysms of spasmodic asthma does not reside in the atmosphere ; and unless it can be shown that the direct application to the

mucous membrane of the air-passages of particles of some noxious (gaseous or other) matter, will and does produce an asthmatic paroxysm, we may fairly conclude that the exciting cause operates indirectly; and that such is the fact, I have a strong conviction resulting from the close observation of the phenomena attendant upon or constituting this affection, in those cases which have come under my notice. In the case of a gentleman who has been for many years subject to attacks of spasmodic asthma of a very severe character, and for whom I have long been in the habit of occasionally prescribing, the attack has invariably appeared to have been the result of, and occasioned by, errors in diet; if he partook freely either of veal, salted meat, pastry, or various other edibles, an embarrassment of the respiratory functions, to a greater or less degree, usually supervened about half an hour or an hour afterwards; and although many slight attacks of this description passed quickly off, yet they frequently increased in intensity, and terminated in extremely violent paroxysms of spasmodic asthma. The inference drawn from these facts is, that the paroxysms alluded to resulted from a morbid impression made on the gastric branches of the pneumo-gastric nerve, which impression was conveyed through the trunk and pulmonary branches of this nerve to the mucous membrane of the air-passages, where it produced some functional derangement, the effects of which were the phenomena constituting the malady in question. The effect of remedies observed in this case would also lead to the same conclusion; sedatives of various kinds, as the lobelia inflata, morphia, &c., when given, mitigated, in some measure, the severity of the symptoms; the attack, however, rarely, if ever, passed off entirely, until the bowels had been acted upon. The most efficient remedy in this case was an aperient, of which rhubarb and magnesia were the chief ingredients; saline substances being occasionally added, in the more severe paroxysms, to increase the activity of the dose. This gentleman now generally carries in his pocket some compound rhubarb pills, of which he takes one or two in the event of a threatened attack, and often apparently with the decided effect of warding off a paroxysm. I have found aperients equally beneficial in other cases of this affection. Neither drastic purgatives, nor strong doses of saline medicines, usually prove advantageous; nor is venesection (so far as I can judge from the instances in which I have known it practised) productive of present relief or permanent benefit in these cases. As the nature and causes of asthma are confessedly not yet clearly understood, the foregoing observations may possibly possess some interest.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 27, 1841.

AMERICAN JOURNAL AND LIBRARY OF DENTAL SCIENCE.

WITH the commencement of the second volume of this unique periodical, published in Baltimore and New York, we feel it incumbent on us to

speaking of its character, its influence, and its claims. If it had been announced, a dozen years ago, that a journal was about being published, exclusively devoted to the interests of dentistry, very likely the most judicious amongst us would have spoken of the impossibility of sustaining it, even if there were materials for filling its pages. Such a journal, however, does exist, of ample dimensions, and generous in all its expressions towards men in other pursuits. It is distinctly scientific in its character—and thus it carries its own recommendation to those who might apprehend that such a work would be made the instrument of a cunning or ambitious individual, who would not only use it for his own personal influence, but also convert it into an engine of oppression towards those whom he might wish to keep out of sight. No such feeling has ever been even remotely manifested. The Journal breathes nothing but a fervent disposition to distribute knowledge, and raise the brotherhood to an equal level of scientific eminence and respectability. The result of its influence, together with that of the Dental College, on the character of the dental profession in the United States, must therefore be incalculably beneficial. It will also tend to purge the land of all pretenders to dentistry. The public sentiment accords most harmoniously with the efforts of the leading members of the new dental association. People will not have their teeth ruined by an ignoramus, because they can perceive his skill by the manner of operation, however willingly they may swallow boluses that sap the foundation of health. In short, this Journal forms an era in modern dentistry, of which those devoted to the business, may well be proud. Not to encourage this publication, now published under the auspices of the American Society of Dental Surgeons, is an evidence of being behind the age, and denotes wilful ignorance of the rapid improvements in that important department of science. Physicians and associations should order it for the two-fold object of personal improvement and encouragement of the worthy proprietors.

Death of Mr. Elijah R. Mears.—A young gentleman of this name, of great worth and promise, who had nearly completed a course of medical studies, and was well known to the professional visitors and patients at the Massachusetts General Hospital, died in this city week before last, a memoir of whom we are desirous of obtaining. Not having had the good fortune to know Mr. Mears, and not having any data even for the construction of such an obituary notice as is obviously due to the memory of a very excellent young man, we solicit a short biographical sketch of his life from some one of his many associates.

Borrowed Books.—Gentlemen having books in their possession, borrowed of the editor, or from the Journal office, are respectfully requested to return them. We have a library of most singular aspect—being, to a melancholy extent, made up of odd volumes. This has been brought about by lending books to oblige friends, and they having forgotten to return them. The guests of Al Raxhid, none being invited but those who had lost one eye, could not have appeared more striking, than will our library, in the sequel, if we should be unfortunate in recovering those parts which are missing. We are always happy to accommodate those who ask, with the use of new medical works; but it is certainly right and proper that they should be sent home in season. Again, we place an in-

trinsic value upon the autographs of the authors of very many of our books. We therefore hope that those who may have it in their power, will, in the spirit of kindness, aid in recovering them. There is another inconvenience resulting from their absence, sufficiently cogent to warrant us in asking for them, without any apology: it is necessary to have them at hand for ready consultation at all times.

A Medical Traveller.—Dr. Charles Matthews, who left the United States about fifteen years since, with a view to make discoveries in the interior of Africa, writes to a friend in Vermont, from Abyssinia, that he shall return in the summer of 1842, and that he has been generally successful in his researches. He had travelled from Morocco across the Great Desert, to Timbuctoo, and from that capital nearly to the Cape of Good Hope, back to Timbuctoo, and to Abyssinia, besides making several less important journeys, which had added much to his knowledge of the geography of the country and social condition of its people.

Graves's Practice.—The publisher must not think us remiss in noticing the American edition, which he politely sent some weeks since. It is in the process of being analyzed, and when we have ascertained all its claims as well as defects, a special notice will be given, with reference to these two points.

New Work on the Teeth.—At an hour too late for a more extended notice, we received by mail a treatise entitled "A Physiological and Pathological Inquiry concerning the physical characteristics of the Teeth and Gums; the salivary calculus; the lips and tongue, and the fluids of the mouth, together with their respective local and constitutional indications. By C. A. Harris, M.D."

Death by Irritation.—From the Boston Atlas we learn that Henry Cooledge, of Framingham, Mass., recently died under the following singular circumstances. Having shaved the face of his dead father, he soon after used the same razor in shaving himself. Although the father had died a natural death, and nothing remarkable had been observed in the manner of his decease, the face and head of the son began to swell almost immediately after having finished the operation of shaving, and he was himself soon a corpse. The absorption of virus from the dead body, if introduced on the edge of the instrument into the system of the son, seems not to have been there sufficiently long to have circulated, and his death is to be imputed, therefore, according to the writer in the Atlas, to irritation.

Common Soap as a Remedy for Burns. By THOS. WILLIAMSON, M.D., Edinburgh.—In cases of burns, common soap, besides its great value as a local application, commands the additional advantage of always being at hand in cases of emergency. The mode in which I am in the habit of employing it is this:—A common shaving box may always be procured, from which a good lather may, in the course of a minute or two, be easily obtained. This lather is then gently laid over the burnt surface by means

of a shaving brush, and repeated so soon as the first coat begins to dry, or the pain return. This practice ought to be repeated occasionally during the first day, or until such time as the pain is relieved. The benefit accruing to the patient is *immediate*, and the result of the practice highly satisfactory; for in more superficial burns, if early applied, vesication is prevented, and, in the course of a few days, desquamation of the cuticle follows, without leaving a raw surface. Of course, this, as a remedial measure, is most applicable to superficial burns; but even in such cases as involve destruction of the more deep tissues, it is not used without advantage, in so far as the personal comfort of the patient is concerned. In such cases, after the lapse of a few days, the crust formed by the soap is easily removed, so as to permit the employment of other remedies, if necessary. I am not prepared to say whether the benefit and instantaneous relief, following the application of the lather, are to be ascribed to its chemical composition, or simply to the fact of its affording some degree of protection from atmospheric agency, or both.—*London Med. Gaz.*

Iodide of Potassium. By JAMES C. L. CARSON, M.D.—The perusal of the article "Iodide of Potassium," in Pereira's *Materia Medica*, brings to my recollection a case which occurred in my practice about three years ago. I ordered a gentleman three grains of iodide of potassium in a draught of peppermint water, three times a day. When he had taken the medicine three times he felt poorly; and in the course of an hour after the fourth dose he was attacked with a violent shivering fit, followed by intense headache, heat of skin, constant thirst, quick and very full pulse, and vomiting and purging at the same time. These symptoms were succeeded by great prostration of strength. Notwithstanding the exhibition of demulcents and opiates the purging lasted for several days. The effects of the medicine in this case were so violent that I have little doubt, that if he had taken another dose, his life would have been forfeited. This is the only instance, which I have seen, of the iodide of potassium producing unpleasant effects in doses under ten grains.—*Ibid.*

Medical Miscellany.—Mr. J. S. Grimes is lecturing at Montpelier, Vt., on phrenology. An editorial notice says that he is the author of a new system of phrenology, "differing from that of Spurzheim." O! the quackery of the age!—Nothing more on animal magnetism is admissible into this Journal, unless it comes from a more respectable source than the Collyer exhibitions. The gentleman, therefore, who forwarded a narrative from Portland, must not feel himself neglected on any other account.—Smallpox has appeared in the neighborhood of Woodstock, Vt.—One of the jurors on the trial of the celebrated McLeod, was Dr. Edmond Allen—thus showing that the law has no objections to a physician as a jurymen, although the vulgar notion is extensively entertained that medical men are not permitted to act in that capacity.—Yellow fever was on the increase, by the last accounts, at Vicksburg—many new and fatal cases were developed within a few hours of each other. The same disease still exists at New Orleans, but lessened in malignity.—The Military Hospital of Rome has been placed under the direction of the revised institution of St. John of Jerusalem.—At Val de Grace, Paris, a bronze statue of Broussais was erected and dedicated, Aug. 21.—According to the New York

Medical Gazette, the Fellows of the Royal Academy of Medicine are so noisy that the President is obliged to make a racket, officially, with a great bell, to preserve order. The same Journal speaks of the endermic method of using quinine, in Italy.

MARRIED.—At Hanover, N. H., on the 8th ultimo, Arnold Morgan, M.D., of Hartland, Vt., to Miss Frances S. Beedy, of Hanover.—At Northampton, Mass., Dr. Samuel Sanstead, to Miss H. Butler.

DIED.—At New Hartford Conn., Dr. Calvin Cooke, 36.—At Vicksburg, by yellow fever, Dr. King.—At Coventry, Conn., Dr. Daniel Avery, 80.—At Burlington, Dr. Robert Moody, who was instantly killed by being thrown from his carriage.

Number of deaths in Boston for the week ending October 23, 38.—Males, 23; Females, 15. Stillborn, 2. Of consumption, 5—accidental, 1—typhus fever, 4—debility, 3—dysentery, 1—bronchitis, 2—marasmus, 3—fits, 2—inflammation of the bowels, 3—canker, 1—lung fever, 1—old age, 1—dropsy in the head, 2—cholera infantum, 1—scarlet fever, 1—inflammatory fever, 1—dropsy, 1—disease of the kidneys, 1—infantile, 1—unknown, 1.

ONE MEDICAL STUDENT,

Or correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office.

Boston, October 18, 1841.

O 20—31*

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—copy

JACOB BIGELOW,
EDWARD REYNOLDS,
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MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	- - - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - - -	DR. PARKMAN.

Rooms for study, fuel, and light, free of expense.

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H. I. BOWDITCH.
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S. PARKMAN.

MED. DEPARTMENT OF PENNSYLVANIA COLLEGE IN PHILADELPHIA.

THE Lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March. The faculty is composed as follows:

SAMUEL GEORGE MORTON, M.D., Anatomy and Physiology.
GEORGE MC'CLELLAN, M.D., Surgery.
WILLIAM RUSH, M.D., Principles and Practice of Medicine.
ROBERT MONTGOMERY BIRD, M.D., Institutes of Medicine and Materia Medica.
SAMUEL MC'CLELLAN, M.D., Obstetrics, and the Diseases of Women and Children.
WALTER R. JOHNSON, A.M., Chemistry and Natural Philosophy.

The College possesses a spacious reading room, an extensive museum illustrative of the several departments of medical science, and well-ventilated dissecting rooms. The latter are just completed, and will afford every facility for the prosecution of practical anatomy.

S. 22—copy

S. G. MORTON, M.D., *Dean.*

MEDICAL LECTURES IN BOSTON.

These Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by	\$15.00
Midwifery and Med. Jurisprudence, by	10.00
Materia Medica, by	10.00
Principles of Surgery and Clinical Surgery, by	10.00
Chemistry, by	15.00
Theory and Practice of Physic and Clinical Medicine, by	15.00
	DR. WARREN,
	DR. CHANNING,
	DR. BIGELOW,
	DR. HAYWARD,
	DR. WEBSTER,
	DRS. WARE and BIGELOW,

At a meeting of the Medical Faculty, May 29, 1841, it was *Voted*, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

R 1—epiN

WALTER CHANNING, Dean.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1841—42.

The regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive, and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BAUME, M.D., Professor of Chemistry.

On and after the first of October, the dissecting room will be open, and the Professor of Anatomy will give his personal attendance thereto. Clinical instruction will likewise be given at the Dispensary of the College.

During the course, ample opportunities will be afforded for clinical instruction; Professors Dunglison, Huston, and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon to the Philadelphia Dispensary.

Professor Dunglison will lecture regularly on Clinical Medicine, and Professor Pancoast on Clinical Surgery, at the Philadelphia Hospital, throughout the course.

Added to these facilities, the Museum of the Institution affords essential aid to the student, by its various anatomical, pathological, and obstetrical preparations and drawings, as well as by the diversified specimens of genuine and spurious articles, and plates, drawings, &c., for illustrating the materia medica. These, with the numerous and varied specimens that have been recently added from the private collections of the members of the faculty, render the Museum and Cabinets more rich and effective for the purpose of Medical instruction than they have ever been.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

UNIVERSITY OF NEW YORK—DEPARTMENT OF MEDICINE.

The annual course of Lectures will commence on the last Monday of October next, and continue until the ensuing March.

VALENTINE MOTT, M.D., Professor of Surgery.

GRAVILLÉ SHARP PATTERSON, M.D., Professor of Anatomy.

JOHN REVEAL, M.D., Professor of Theory and Practice of Medicine.

MARTIN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

The fees for a full course of lectures amount to \$105. Matriculation fee, \$5. Respectable board and lodging can be obtained at from \$2.50 to \$3.00 per week.

In addition to the facilities which the hospitals of New York offer for clinical instruction, a Surgical Clinique has been instituted in the College building under the direction of the Professors of Surgery and Anatomy.

Jy 28—eoptN1

JOHN W. DRAPER, *Secretary to the Faculty.*

ALBANY MEDICAL COLLEGE.

The next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.

JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.

T. ROMEYN BECK, M.D., Prof. Materia Medica.

EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.

LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.

JAMES H. ARMSBY, M.D., Prof. Anatomy.

THOMAS HUN, M.D., Prof. Institutes of Medicine.

AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, \$70. Graduation fee, \$20. Matriculation fee, \$5. Boarding from \$2 to \$3.50 per week.

ALDEN MARCH, M.D., *President of Faculty.*

J. H. ARMSBY, M.D., *Registrar.*

Aug. 11—6w

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by P. CLAPP, JR., at 131 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, NOVEMBER 3, 1841.

No. 13.

CATARRH.

ABRIDGED FROM LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC, AT KING'S COLLEGE, LONDON, BY DR. WATSON.

THE mucous membranes, in the state of health, are perpetually moist. The exhalation of this moisture, to a certain amount, and *not beyond* a certain amount, constitutes an essential part of their healthy functions. Now their *inflammation* (for I am about to consider first the inflammatory affections of the membrane of the air-passages; some of them, indeed, I *have already* discussed), I say the inflammation of these mucous surfaces alters their ordinary secretion. An inflamed mucous membrane is in the first instance *dry*; its secretion is suspended. But this is not the only change that takes place in it; it becomes tumid also, swollen, thicker than before; it is redder than natural; and its sensibility undergoes a perceptible modification. *Pain*, in mucous membranes, is *not* a common phenomenon: for their texture enables them to expand or dilate freely, so that they escape much tension, and the pain which is produced by tension: but their natural sensations are blunted, and new and uneasy sensations arise in them; sensations of heat, fulness, itching. It happens that we can *see* a portion of the mucous membrane that belongs to the air-passages: and by noticing the changes produced in it by inflammation, we infer those which are apt to take place in the parts we *cannot* see. We have all often experienced in our own persons an inflammatory state of the membrane lining the nasal cavities; the schneiderian membrane. At first the nostril is preternaturally dry: yet though it is dry, you cannot breathe through it: it is stuffed up; not with accumulated mucus, but by the mere swelling of the membrane: the sense of smell is perverted or lost; the part is evidently red; it is tender also and irritable; the contact of atmospheric air a little colder or a little less pure than common, provokes sneezing. The affection extends often into the frontal sinuses; and headache and oppression ensue: or it passes into and through the lachrymal sac, the conjunctiva participates in the inflammation, the puncta lachrymalia become impervious, and the tears flow over the cheek. And with all this there are sometimes shivering or chilliness; and the pulse, especially in the evening, becomes a little more frequent than common. There is slight fever. After the unusual dryness, the membrane begins to secrete a thin, serous fluid, having acrid properties; for it reddens and frets the *alæ nasi* and upper lip over which it flows. By degrees, this thin, serous fluid becomes thicker, and as it becomes thicker, it be-

comes less irritating also, more viscid, opaque and yellow : the swelling of the membrane diminishes ; it is less raw and sensitive. At length the secretion resumes its natural *quality*, and is reduced to its natural *quantity* again ; and the tumefaction of the membrane entirely disappears. This is the course of what is popularly called a *cold in the head*. When the defluxion from the nasal membrane is considerable, systematic writers call the complaint *coryza* ; when it is attended with much pain and weight about the *frontal sinuses*, it is named *gravedo*. It is a variety of *catarrh*. In catarrh, sometimes one part, and sometimes the whole, of the mucous membrane of the air-passages suffers inflammation. If the disorder goes down into the lungs, it is said to be a *cold in the chest* ; or, from one of the most prominent of its symptoms, a *cough* : in medical language, *bronchitis*. It sometimes travels from one part of the membrane to another. Beginning, for example, in the nose, it gradually creeps down into the wind-pipe and lungs. Sometimes the inflammatory condition passes from the throat into the Eustachian tubes, and produces deafness ; or down the gullet and to the stomach, causing qualmish or other uneasy sensations, and a loss of appetite. And occasionally this order appears to be reversed. There are some persons who will tell you that whenever anything disagrees with their stomach, whenever dyspepsia is produced by some error in diet, they are sure to have catarrh.

Now I have adverted to this *cold in the head*, or *coryza*, because the phenomena which are open to our inspection in the schneiderian membrane take place also, no doubt, in the bronchial. The membrane is first dry, and tumid and irritable ; the uneasy sensations of which it is the seat prompt to the action of coughing. The chest feels tight, stuffed, constricted. There is some hoarseness, and a sense of roughness and soreness in the windpipe ; and a dry cough, which seems to arise from some irritation about the glottis. Sometimes, with these symptoms, pains in the limbs, like the pains of rheumatism, occur ; the appetite is impaired ; the patient is thirsty ; and a general lassitude is felt all over the body.

But what effect has the altered state of the membrane upon the sounds elicited by percussion ; or heard within the chest, by the ear, during respiration ? Why it brings us acquainted at once with two remarkable modifications of the natural sound of breathing.

When you listen to the breathing of a healthy person, you hear, as the breath goes in and out, but especially as it goes in, a smooth and gentle rush—the *respiratory murmur*, or the *vesicular breathing*. But when the inner surface of the bronchial tubes, and of their ramifications, is preternaturally dry, and tumid, this sound is altered : you hear a hissing, or wheezing, or whistling, as the breath goes in and out ; and this is technically called *sibilus* : or you hear a deeper note, a snoring noise, as the patient inspires or expires—a sound like the cooing of a pigeon, or the bass note of a violin, or the droning hum of an insect in its flight ; and this is called *rhonchus*. These two, in their various modifications, constitute the *dry* sounds of respiration ; they have no relation to the voice or to the cough.

After a while the inflamed membrane begins again to pour out fluid ; but it is not the thin, bland, moderate exhalation of health ; it is a glairy,

saltish, transparent liquid, like white of egg somewhat ; and if it be expectorated only after much coughing, it will be frothy also, i. e. it will contain many bubbles of air entangled in it. It is a stringy, tenacious fluid, and the more so in proportion to the intensity of the inflammation. With this new condition of the membrane, we have new sounds—sounds which result from the passage of air through a liquid ; sounds which are occasioned by the formation and bursting, in rapid succession, of numerous little air-bubbles. These sounds are called *crepitations*. This process may take place in the larger air-tubes, or it may take place in the smaller, or in both. In the larger tubes the bubbles will be larger, and the ear can readily distinguish this ; we have *large crepitation*. In the smaller air-tubes we have, in the same way, *small crepitation*. There is no difference between these sounds, except in degree ; and they graduate insensibly into each other. But there is a considerable difference in the nature of the intimations which their well-marked varieties convey. If there be merely large crepitation, without any other morbid sound, it is produced in the larger tubes. Air passes, notwithstanding, into the vesicular structure *beyond* the accumulated liquid ; and vesicular breathing *exists*, though perhaps it *cannot be heard*, on account of the crepitation. But the state of the patient is not a state of peril. On the other hand, small crepitation has its seat in the smaller air-tubes and cells ; it supersedes the vesicular breathing, and, if extensive, it bespeaks considerable danger.

Rhonchus and large crepitation are respectively the dry and moist sounds that belong to the larger bronchi ; sibilus and small crepitation the dry and moist sounds of the smaller branches. When the latter sounds are heard over a considerable part of the chest, there is, I say, usually a good deal of distress, dyspnœa and cough ; and the fever which attends the local inflammation is at its height. By-and-by the expectoration becomes opaque, and more consistent, and of a greenish or yellowish color ; it is brought up with more ease ; the crepitation, great and small, diminishes ; perhaps rhonchus re-appears : but at last the parts return to their original condition ; and the natural, smooth, equable rustle of the breathing is again everywhere audible.

These are all the morbid sounds to which active and recent inflammation of the mucous membrane of the air-passages ever gives rise : rhonchus and sibilus ; large and small crepitation. I may mention here, that as crepitation results from the passage of air amongst and through liquid, from the rupture of the little air-bubbles so produced, the *kind* of liquid may vary. If the air, in going and returning, meets with serum, or with pus, or with blood, it will occasion exactly the same bubbling noise. Hence the French term for what I have been calling crepitation, viz., *mucous rattle*, is very objectionable. From the sound itself, we cannot tell whether it proceeds from *mucus* or from some other liquid present in the air-passages ; and from this objection the word crepitation, whatever exception may be taken against it on other accounts, is free.

I will now resume the history of catarrh. It implies inflammation of the mucous membrane of the air-passages ; and it receives different appellations, according to the district of that membrane which it chiefly

plagues ; gravedo, in the frontal sinuses ; coryza, in the schneiderian membrane of the nose ; bronchitis, in the trachea and lungs.

Catarrh is the commonest of all disorders. Not one man in ten thousand passes a winter without having a *cold* of some sort. And this name points to its ordinary cause ; cold somehow applied to the body. It does not always or often result, I apprehend, from cold air brought into contact with the membrane itself, in the process of breathing ; but from cold, and especially from cold and wet, applied to the external integument. Catarrh is usually a mild disorder, and runs its course in a few days, if abstinence be observed with respect to animal food and stimulating liquor, and if the patient remains in an equable temperature, and avoids re-exposure to the cause of his malady. I am now speaking of the milder forms of catarrh. We are not often consulted for this complaint. Every man, in regard to a cold, thinks himself qualified to be his own doctor. But if you *are* consulted, keep your patient in the house, or even in bed ; let him live upon slops ; give him a gentle aperient, and then some of those medicines which are esteemed to be diaphoretic : small doses of James's powder ; three drachms of the liquor ammoniæ acetatis, with a drachm of the spiritus ætheris nitricus, and an ounce of camphor mixture ; or a saline draught with an excess of alkali, and a few grains of nitre, or a little antimonial wine ; three or four times a day : and let him take four or five grains of Dover's powder, and put his feet and legs into a warm bath, just before he goes to bed. In this way you may conduce to his *recovery*, and he may be simple enough to believe that you have *cured* him.

Yet I believe catarrhs *may* sometimes be *cured* : and the natural recovery from them *may* be, *sometimes*, accelerated. If you practise the old maxim, which says, "*venienti occurrere morbo*," you may occasionally stop a cold on the threshold, as it were, by an opiate. And to persons who are habitually troubled with slight catarrhs, this piece of practice may prove of the greatest value. A medical man who resides in this neighborhood, and with whom I was a fellow-student, is exceedingly subject to what he calls a snivelling cold. For many years he used to bear this as he best might : and that, to say the truth, was very ill and impatiently. On one occasion, almost by accident, he took twenty drops of laudanum just as one of his colds was beginning to torment him ; and he found that the initiatory symptoms ceased. Since that time he has constantly had recourse to the opiate under similar circumstances ; and whereas he used formerly to be very miserable for three or four days, he is now quite well and comfortable in the course of half an hour. And this is not a solitary case. It is worth trying, if you experience the feelings of an incipient catarrh, to go to bed, and to take a beaker of hot-wine negus, with a tablespoonful of the syrup of poppies in it. This will not suit every person ; but if it fails on the first trial, it need not be repeated, and no great harm, beyond an increase of headache, will be done by it. I would not recommend this plan, however, to a plethoric person ; nor to any one having a tendency to inflammatory disease ; for when it does not cure, it makes the complaint worse.

There is also a period in catarrh which has gone on unchecked, when

you may accelerate its departure—"speed the going guest"—by a good dinner, and an extra glass or two of wine. But this pleasant method is scarcely to be advised for persons of delicate habits; or in whom any phthisical tendency is suspected to exist; or who are prone to inflammation. And it is not to be tried with any one till the fever is over, and the expectoration thick and loose.

I must not omit to mention the *dry plan* of cure; although (I confess it with some shame) I have never yet tried it either upon myself or upon others. Dr. C. J. B. Williams, who invented it I believe, has a high opinion of its efficacy. It certainly has the merit of simplicity, for it consists merely in the abstinence from every kind of drink. No liquid, or next to none, is to be swallowed until the disorder is gone. The principle here concerned is that of cutting off the supply of watery materials to the blood. The wants of the system exhaust, from the circulating fluid, all that can be spared for the natural evacuations; and there is nothing left to feed the unnatural secretion from the inflamed mucous membrane. Its capillary vessels cease to be congested; the morbid flux is diverted, and the inflammation is starved away. Such is the theory. Habitual toppers might hold the remedy to be worse than the disease; but Dr. Williams assures us that the necessary privation is not very hard to bear, and that it achieves a cure, upon an average, in forty-eight hours. He allows, without advising, a tablespoonful of tea or milk for the morning and evening meals, and a wine-glass of water at bed-time.

One great advantage of this plan is, that it does not require confinement to bed, or to the house. The man whose business calls him abroad, may, with appropriate clothing, pursue his customary employment, and his cure is all the while going on. In fact, exercise, inasmuch as it promotes perspiration, helps the recovery; whereas the system of warm drinks and diaphoretics renders the body more susceptible to atmospheric vicissitudes; and, to be effectual, implies restrictions which are oftentimes extremely inconvenient.

Dr. Williams observes, that while this dry treatment is serviceable in catarrhal bronchitis, it is *most* successful in coryza, the snivelling cold in the head. It must be put in force in the very commencement of the disorder.

You may often do much by way of *prevention*, for persons who are unusually liable to take colds. I have remarked before upon the great value of the *shower bath* for that purpose. I could mention several instances in which persons have got rid of the tendency to catch cold by the habitual adoption of this measure. It should be begun in the summer, and used tepid at first; but in a short time quite cold water may be employed; and being once begun, the practice may be continued through the winter. I stated formerly, that the effect of exposure to cold was, *ceteris paribus*, in proportion to the intensity of the duration of the *sensation* of cold that it produced. The intensity of the sensation of cold under the shower bath is considerable, but the duration of it is momentary. It operates as a prophylactic in this way: it inures the surface to a lower temperature than it is likely to be subjected to at any other part of the day. The lesser degrees of cold have then no injurious effect, un-

less they are long protracted. For those who cannot procure a shower-bath, or who cannot bear its shock, cold sponging will be found exceedingly salutary.—*London Medical Gazette.*

FATAL CASE OF EMPYEMA.

BY WILLIAM THOMAS. BORTHWICK, ESSEX.

MARY ANN BATEMAN, aged 19, a native of Ireland, was admitted under Dr. Corbet, on the 13th of July. From her occupation, which was that of a pea-picker, she had been exposed to the vicissitudes of the weather, working almost constantly in the open fields, and from her wretched poverty, obliged to rest in barns and out-houses during the night, with but a scanty supply of clothing. She stated that for some months she had been laboring under an affection of the chest, which for three weeks previous to her admission had incapacitated her from following her occupation.

When admitted she complained of severe pain in the chest, and difficulty of breathing, accompanied with a short, dry cough, and an uneasy sensation in the right hypochondrium, increased on pressure: her pulse was 100; her bowels constipated, and tongue furred. She had had no appearance of menstrual discharge since the commencement of her illness. The treatment adopted was venesection to sixteen ounces, purgative medicines and low diet.

She appeared to obtain considerable relief from the bleeding, which was repeated, and in a few days was so far recovered as to be able to leave her bed. Gradually, however, the pectoral symptoms returned, accompanied with rigors, and despite the most active treatment continued to increase. In the beginning of September, the period at which I first visited her, she was laboring under the most distressing dyspnoea, unable to maintain the recumbent posture more than a few minutes; painfully anxious; restless during the night; her pulse rapid and feeble; her strength prostrated, and her appetite lost. There was a preternatural change in the shape of the chest, the right side being considerably expanded and quiescent, respiration being apparently maintained altogether by the left lung. There was also a dull sound on percussion, and a total absence of respiratory murmur. In the course of a few days two circumscribed tumors made their appearance externally; one between the second and third ribs, and the other between the seventh and eighth, accompanied with oedema; and on pressing on them alternately, the fingers of one hand being applied to the upper swelling, and those of the other to the lower, distinct fluctuation was observable; justifying the diagnosis at which we had previously arrived, that there was an extensive collection of fluid within the cavity of the chest.

On the following day (Sept. 12), Mr. Jordison, of South Ockendon, who had previously seen the case, was called into consultation, and we determined on puncturing the chest; but from an objection on the part of the patient the operation was delayed. In the mean time expectoration supervened, but without affording any relief to her sufferings, and as

it was evident the girl was sinking, it was thought prudent to abandon the operation altogether. She died on the 19th.

Inspectio Cadaveris.—This took place on the following day, Mr. Jorison, Dr. Corbet and myself, being present. On opening the chest, the right cavity was found filled with an enormous quantity of pus (seven or eight pints), which flowed out freely the moment the sternum and cartilages of the ribs were raised. The cyst in which it was contained was of a greyish, marbled appearance, formed apparently by a thin layer of the outer surface of the lung, the remainder of which was completely absorbed, except a portion of the root, of about half the bulk of the hand. The pleura pulmonalis was firmly adherent to the pleura costalis, and both much thickened. Opposite the points where the tumors had presented externally, ulceration had taken place, extending in the upper situation through the intercostal muscles. The extremities of the bronchial tubes were found blocked up with coagulating lymph; thus accounting for a remarkable feature in the case, the absence of expectoration: this symptom, as I have noticed, not having presented itself until a few days before death, and then only in a moderate degree. The left lung was perfectly healthy; but a considerable effusion of serum was found in the cavity of the corresponding pleura. The pericardium was also filled with serous fluid; and there was a large deposit of fibrine on the outer surface of the heart, otherwise that organ was in its normal state. No change was observable among the abdominal viscera, with the exception of a considerable enlargement of the liver; partly the result of hypertrophy of structure, and partly of congestion of the hepatic veins.—*London Lancet.*

DOUBLE VARUS CONGENITUS—SUCCESSFUL OPERATION.

BY JOHN B. BROWN, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MISS E. A. SAWTELL, æt. 10, entered the Orthopedic Infirmary in Boston, May 9th, 1940. She has double varus congenitus of the third degree; left foot the worst; both feet are turned in to nearly a right angle with the legs. She rests her weight, when she stands or walks, on the outside of the feet and the external ankle, the sole looking upward. As she steps, one foot goes over the other. (See figs. 2 and 4.)

May 14. Divided the tendo-Achillis in both feet, and the tibialis anticus in the left foot, in the presence of Drs. J. Randall and E. W. Leach.

July 30. It is now rather more than six weeks since these feet were operated upon. They are both very much improved, and she walks very well. The right foot has improved faster than the left. There appears to be a thickening of the sheath of the heel cord, which prevents the heel from being brought down. Re-divided, this day, the tendo-Achillis, together with its sheath. She returned home in about twelve weeks from the time she came to the Infirmary. Her feet are as represented in figures 1 and 3.

FIG. 1.

FIG. 2.

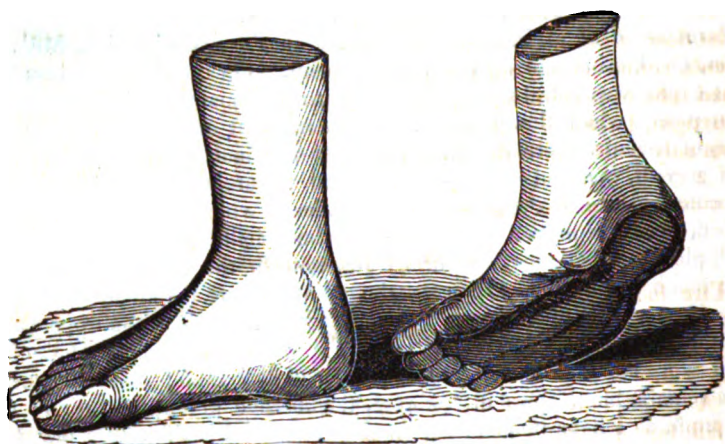
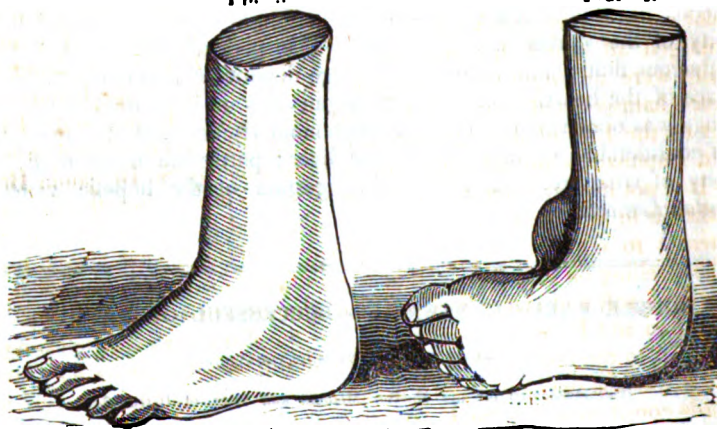


FIG. 3.

FIG. 4.



After Miss Sawtell's return home, the following favorable notice of the case appeared in the *Boston Medical and Surgical Journal*, communicated by her physician, Dr. Wilder, of Groton, Mass.

"Miss Sawtell, of Groton, æt. 10, general health good, muscles well developed, had what is termed double varus of the third degree, as bad as it could well be, as the feet were nearly vertical. The point of support was the outer ankle, nearly up to the end of the fibula, and the foot so completely turned that the sole looked nearly upwards. The unnatural points of support were most of the time so much inflamed as to be very painful, and many times so much so as to prevent sleep. Walking, or rather hobbling, was exceedingly difficult and painful, precluding all expectation of her limbs ever being of much service to her. Upon being informed of the improvements in surgery, and of the skill and success of Dr. J. B. Brown, of Boston, her friends determined to place her under his care, which they did the 14th of May last, where

she remained until the 23d of August, when she returned with her feet entirely changed, so that she placed the sole of the foot perfectly upon the floor, with the soles in the position they should be, in relation to the limb, neither in nor out too much. When the muscles and tendons have had time to become accustomed to their present position, and regain full strength, I think it will be a case of complete success, and that she will not only walk with ease, but elegance. A. H. WILDER, M.D."

FUNGUS HÆMATODES.

[THE following case of fungus hæmatodes, in which amputation, though at first apparently successful, did not long save the life of the patient, is related in the London Medical Gazette by T. Abraham, a surgeon of London.]

A young lady, aged 20, in the autumn of last year, hurt her knee by a fall, but did not feel much of it at the time, and continued to walk without much inconvenience for about six weeks afterwards, when the joint became very painful on being moved or pressed upon. It gradually enlarged all round, but was not discolored. Darting and lancinating pains were at length felt in the joint and lower half of the femur, which much harassed and distressed her day and night. In this state I found her on the 15th of January last, when requested to attend the case with Mr. Bateman, who had been previously assisted by Sir Benjamin Brodie.

It is not my intention to occupy your space in detailing the treatment; suffice it to say, that the pains were mitigated in a few days, but every attempt to cure or suspend the progress of the disease proved useless. The swelling on each side and in front of the joint daily increased, presenting a soft and elastic feel, with an obscure sense of fluctuation. Mr. Bateman and I now considered that, as the disease was progressing, but confined to the limb, and the patient's health rapidly giving way, amputation was the only means of checking it: in this opinion we were afterwards corroborated by Sir B. Brodie.

On February 27th amputation was performed about two-thirds up the femur; this being rendered necessary by the extensive disease of that bone. On laying open the joint after amputation, a large hæmatoid tumor, or substance resembling coagulated blood intersected by cellular strata, was found in it, and the lower half of the femur carious, in which, most probably, the tumor originated. In about two months the stump was healed, and the patient gradually improved in health, so as to be able for a few weeks to take carriage exercise, and visit her friends. In the beginning of July, however, she was very ill, and it was discovered that effusion into the left side of the chest had taken place. On the 8th of August she expired.

A post-mortem examination having been permitted by her friends, it has set at rest any doubt that may previously have been entertained as to the nature of the complaint. My friend Mr. Blyth (Mr. Bateman being from home) and I found about two quarts of serum in the left side of the chest, extensive pleuritic adhesions, the whole of the left lung con-

verted into an encephaloid mass, weighing about two pounds, of a reddish-white hue, more consistent than brain, and greasy to the touch. The heart (forced into the right side of the chest) was small and pale; the parietes thin, the valves sound; the right lung was much compressed, and thickly studded with calcareous deposits. No disease was found in the abdomen.

The above statement is forwarded as additional evidence (if any be wanted) of fungus hæmatodes, or medullary sarcoma, being dependent on a morbid condition of the blood, and of its re-production and rapid growth in another part after it had been removed from its primary seat.

COMPRESSION IN THE TREATMENT OF MAMMARY ABSCESSES.

BY MM. TROUSSEAU AND CONTOUR.

IN this memoir there are two distinct parts; one devoted to the description of abscesses of the breast, the other intended to recal the attention of practitioners to a curative means too much neglected in their treatment, namely, compression. The following is the mode in which it is to be applied:—It is to be accomplished by strips of plaster, broad, and sufficiently long to go several times round the body. The surgeon, standing by the side of the patient, must first fix one of the extremities of the strip at about the middle of the back, then carry it towards the side of the chest, then pass it over the breast, beginning at the lowest part, then obliquely from below upwards to the outer third of the clavicle on the healthy side, and then obliquely downwards across the back, so as to cover the extremity of the slip already fixed. Following this course several times, he must take care that the portion of the band applied each time covers the two upper thirds of the preceding turn. But it is easy to see that if the bandage is always carried in the same direction, the breast cannot be completely covered; and that, on the other hand, as its several turns go across the clavicle of the healthy side, the movements of the shoulders would tend to displace it, and the lower part of the breast might soon be uncovered. Other strips of plaster are therefore applied, which, proceeding from the anterior and upper part of the abdomen, ascend, crossing the first obliquely; then pass under the axilla, and return, after passing over the posterior part of the chest, to the part where they were first applied, and then are carried again along the same track, covering each time the two upper thirds of the strip last applied. The breast is thus completely covered by the bandage, which is prevented from rising by this last described, which ought to cover only the upper part of the breast.

To compression thus employed the authors attribute many advantages. In the first place, it immediately relieves the pain; it combats and diminishes the inflammatory engorgement, at whatever period it is applied. When employed after opening the abscess, it decidedly favors the evacuation. And although when employed too long, at a period when the process of suppuration is active, it might have the disadvantage of making the pus extend over a large surface, yet this may be avoided by removing the bandages at a time when it is probable that matter has fairly

formed. If this be done, and the abscess opened, the bandages may be again applied, after two or three days' poulticing, with good effect.—*London Medical Gazette, from Jour. des Connais. Med. Chirurgicales.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 3, 1841.

STATISTICS OF AMPUTATION.

IN last week's Journal was a paper of extraordinary interest, by Prof. Trowbridge, late of the Willoughby University, Ohio, from which it appears that he has performed amputation of the thigh in eighty-five cases—a larger number, probably, than has occurred in the private practice of any other surgeon in the United States. Dr. Trowbridge, it must be kept in mind, has never been connected with a hospital, but exclusively at the service of the public as a private practitioner of surgery. If he were to narrate some of the individual cases which have come under his eye, since the settlement of the Black-river country, as it is familiarly called, where he has generally resided, there would be much to equal the graphic stories in the popular Diary of a Physician, as well as to instruct other practitioners of surgery. To have travelled over the vast extent of country to which, we understand, Dr. Trowbridge has been called, by day and night, amongst the poor as well as rich, for thirty-four successive years, is extraordinary in itself—and doubtless very many of his capital operations have been performed under circumstances the most inconvenient and discouraging. The present race of surgeons will know but little of the privations and hardships of the old school of operators now passing away. Another important feature in regard to Dr. Trowbridge's eighty-five amputations of the thigh, is the fact that so few died—sixty-five having entirely recovered. He has also thrown some important light upon the value of the several modes of cutting, which is worthy of special study. Reminiscences of a similar character, embracing any department of medicine, from other sources, would be gratefully received by the professional public.

Development of particular Organs in Dwarfs.—In the course of conversation with Dr. Ware, the other day, he suggested the importance, to physiologists, of ascertaining to what extent, and at what periods of life, the teeth, for example, and other essential organs of the body, become perfectly developed, if at all, in dwarfs; or whether some of them remain in *statu quo*, after a certain infantile period. If any of our correspondents are possessed of facts illustrative of these points, their publication would add to the meagre fund of information upon this subject now possessed. We have individually had some opportunity of an acquaintance with the celebrated dwarf, major Stevens, and feel qualified to certify to a few interesting physiological facts. In early life, we also knew the Lilliputian songsters, Mr. and Miss Clark, brother and sister, two miniature specimens of humanity—then old, although just entered upon the active field of life. The little lady was indeed a woman, though scarcely

a yard in height; but the brother was quite her inferior, both in mind and body. However, trusting that some one may furnish something illustrative of the physical condition of these anomalies, and, if possible, clear up obscurities that somewhat envelope the natural history of them, we shall defer any further remarks for the present.

Physical Characteristics of the Human Teeth.—In last week's Journal we had occasion to commend to the notice of our readers the new Dental Journal, with which the name of Dr. Harris, the author of the work above named, is intimately identified. This is a treatise of one hundred and nineteen large-sized octavo pages, beautifully printed, and devoted to the consideration of the following subjects, viz.—*physical characteristics of the human teeth and gums, the salivary calculus, the lips and tongue, the fluids of the mouth, &c.* Dr. H. is now one of our most elaborate writers, and is justly considered high authority on dental surgery. Originally, the whole treatise, being a physiological and pathological inquiry into the physical characteristics of the teeth, was read at the late annual meeting of the American Society of Dental Surgeons, at Philadelphia. Perhaps no one could have arranged such an amount of important, useful matter on any one subject, and had it less liable to objections, than has the author in this book. Yet he says in the preface, this was "written in haste, without time for revision or correction." Few persons write with such facility, and none, probably, who will find more favor from their particular professional brethren. Each chapter is a complete dissertation, on the subject of which it treats, and when brought together into a single volume they certainly present a respectable appearance, aside from all considerations of intrinsic worth. We really desire to have it extensively circulated—for there is no need of going abroad for authorities on dentistry—it being now questioned, even by foreigners themselves, whether there are any dentists in Europe superior to those in the United States.

New Tonsil Instrument.—Dr. Haynes, of Concord, N. H., well known as the inventor of an abdominal supporter now in general use, has politely forwarded, for inspection, an entire new contrivance for the excision of diseased tonsils. Although it cannot be said to be on a new principle, yet the combination of the several parts, one upon the other, are of such a nature, and so much better, we should think, than those generally in use, that it cannot be examined by surgeons without eliciting commendation. Unfortunately, in coming to Boston, an essential part of the instrument was broken; still, the manner of using the knife, and its peculiar motion, alternating with a long, steel needle, which is designed to transfix the excised organ, is clearly understood. Gentlemen interested in this branch of the profession, are invited to look at it. Its beauty and finish, as a whole, cannot well be excelled. England never produced a more perfect specimen of elegant cutlery.

Criteria for judging of Age in Children.—A correspondent, who has examined a dwarf recently exhibited in this city, expresses a doubt about his having reached the age of seventeen, as represented by the person who has the care of him. "In the first place," says the writer, "this individual has all the air and manner of a child; there is about him none

of those attributes of the adult form and development which I have seen in other dwarfs. He does not look like a *little man*, but like a little child. But what struck me more than this, was the state of his jaws and teeth. These present, exactly, the characteristics of a child six years old. He has not shed a single tooth, and the first of the permanent molars has not yet made its appearance." It seems that on being asked if he had ever shed any teeth, he appeared not fully to understand the question. "Now," continues our correspondent, "either the law of development has been arrested in this individual, or an imposition has been practised by his friends on the public." Not knowing the particulars of the case, having had the little information we possess, touching the matter, from the man who has the care of the individual exhibited, we are unable to give any satisfactory explanation. The gentleman referred to is alone able to answer the inquiries of our anonymous correspondent, which it is hoped he will have the frankness to do at once.

A Town without a Physician.—A pleasant and thriving town in Middlesex county, Mass., the other day, was without a physician. A letter was shown us from a respectable gentleman of the place, who spoke of the desire of the inhabitants to have some one, who could be properly recommended, take up a residence there, not doubting that he would obtain a generous support. Having been requested to make some inquiry with reference to finding a candidate for the place, we commenced the present article, but had little more than written the caption, when a gentleman called to say that the ground was taken up. Still, it may be regarded in the light of a phenomenon that the circumstance should have happened, that a town in the State of Massachusetts should be for a single day without a settled practitioner of medicine.

Artificial Pupil.—Dr. Jeffries, one of the surgeons of the Eye and Ear Infirmary, of this city, has made some important improvements in the method of making artificial pupils, which will soon be made public through a series of reports in this Journal, which are expected from his own hand.

If medical gentlemen would oftener consult cases in that institution, and see for themselves the happy progress made in the general management of diseases of the eye, it is quite certain they would derive great profit from it. The surgeons are always willing to explain everything, and to exhibit the condition of their patients, without hesitation.

Yellow Fever.—Although the cases are gradually diminishing in number, at New Orleans, the intensity of the disease seems not to have abated, since a large proportion of the cases are as fatal as ever. We shall begin to believe that Dr. Barton's assertion is true, that New Orleans would not be a sickly city, if people unacclimated would only keep away till the proper season, when they can go there with impunity. The North, and not the city itself, supplies the materials for the great waste of life in New Orleans by yellow fever.—At Vicksburg, from late accounts, it is inferred that the fever by this time is beginning to subside, although its progress has been marked by a melancholy destruction of human life.

Dartmouth College.—Thirteen gentlemen were admitted to the degree of M.D., at the close of the lecture term, last week. The session has been a prosperous and honorable one for the medical department of that excellent institution.

The Select Medical Library.—Dr. Bell's Medical Library and Bulletin of Medical Science for October, though late, is a valuable number. The Bulletin, or miscellaneous department, comprises twelve pages, and is mostly made up of extracts from foreign journals. The Library department consists of Underwood's Treatise on the Diseases of Children, complete, being from the ninth English Edition, with notes by Drs. Merriam and Marshall Hall, to which are now added notes by Dr. Bell. It forms a volume of 368 handsomely-printed pages, and is a valuable treatise, though on a subject which has been so ably handled by others.

Over-dose of Oil of Tansy—Recovery—Analysis. By Dr. C. H. RAYMOND, of Buffalo.—Buffalo, Sunday, November, 1839, A. M., was requested to visit Mrs. B., a rather delicate lady, mother of several children, who had a strong aversion to any increase of her family, from the feebleness of her constitution, which had not recovered its vigor since the last confinement. When in her water-closet was attacked with a convulsion. Before my arrival she had vomited. The ejected matter had the odor of tansy. When I saw her she was in a state similar to a patient with hysterics; she had a convulsion after my arrival. Administered a dose of sulphate of zinc and ipecac., which produced free vomiting. She did not recover her consciousness for about six hours.

I took the ejected matter to my office for examination. I introduced it into a retort, and distilled over six ounces of strong tansy water.

In the summer of 1840 I met with a similar case in a chambermaid on board of a steamboat. The symptoms were not so violent. Treatment and result as above.—*American Journal of the Medical Sciences.*

Works in Press in Philadelphia.—Messrs. Lea and Blanchard have in press the following works:—

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition. Illustrated with 50 plates and nearly 150 figures. By Francis H. Ramsbotham, M.D., Lecturer on Obstetric Medicine at the London Hospital, &c. &c.—A sixth edition of Ellis's Medical Formulary, entirely revised, and with numerous additions, by Samuel George Morton, M.D., &c. &c.—The Principles and Practice of Medicine, by Robley Dunglison, M.D., &c. &c.—A new Systematic Work on Chemistry, more particularly adapted to the uses of Medical Students.—Practical Geology and Mineralogy, with instructions for the qualitative analysis of Minerals. By Joshua Trimmer, F.G.S. Illustrated with more than 200 wood-cuts.

We are informed that Dr. Griffith's Manual of Medical Jurisprudence is so nearly written that its publication may be looked for during next year.—We also learn with much pleasure that Prof. Chapman is preparing for early publication a work on the Fevers of the United States, and that this will be immediately followed by another work by the same eminent practitioner.—*Ibid.*

New Medical Works in London.—Observations on the Structure and Diseases of the Testis. Illustrated with 24 highly-finished colored plates. By Sir Astley Cooper, Bart., F.R.S. Royal 4to, cloth. Price 3*l.* 3*s.* Second edition. By the same author, A Treatise on Dislocations and Fractures of the Joints. Sir Astley Cooper left very considerable additions in MS. for the express purpose of being introduced into this edition. The work will be octavo size, the whole of the plates re-drawn, engraved on wood, and printed with the text. No expense will be spared in its typographical execution; and it will be published at a price to make it available to every member of the profession. Edited by Bransby Cooper, Esq., F.R.S. Will be published in December.—Principles of Human Physiology; with their chief applications to Pathology, Therapeutics, Hygiene, and Forensic Medicine. With numerous illustrations on wood. By Dr. Carpenter. One volume 8vo. In press.—The Structure, Economy and Pathology of the Human Teeth, with careful Instructions for their Preservation and Culture; and concise Descriptions of the best Modes of Surgical Treatment, equally adapted to the uses of the Medical Practitioner, the Student in Medicine, and the Public. With 40 illustrations. By Mr. Lintott. 24mo, cloth, 5*s.*—Tic-douloureux; or, Neuralgia Facialis, and other Nervous Affections; their Seat, Nature and Cause. With Cases illustrating successful Methods of Treatment. By Dr. Allnatt. 8vo, cloth, 5*s.*—Practical Observations on Injuries of the Head. By Mr. Sharp, F.R.S., F.G.S., Senior Surgeon to the Bradford Infirmary. 8vo, cloth, 7*s.*—Practical Illustrations of the Treatment of Obstructions in the Urethra, and other Canals, by the Dilatation of fluid Pressure. By Dr. James Arnott, Member of the Royal College of Surgeons. 8vo, boards, 3*s.*—On Stammering and Squinting, and on the Methods for their Removal. By Edwin Lee, M.R.C.S., Corresponding Member of the Medical and Chirurgical Societies of Paris, Berlin, Florence, Naples, &c. &c. 8vo, boards, 3*s.*

TO CORRESPONDENTS AND SUBSCRIBERS.—Dr. Greenwood's account of his improvement in the construction of a truss was duly received, and will be inserted soon.—The attention of subscribers is requested to the bills which they may find enclosed in their copies of the Journal. They will recollect that their post-masters are at all times authorized to transmit money to publishers by mail, free of expense.

Number of deaths in Boston for the week ending October 30, 31.—Males, 21; Females, 10. Stillborn, 2. Of consumption, 4—paralysis, 1—accidental, 2—dropsy, 4—disease of the heart, 1—infantile, 5—drowned, 2—rheumatic fever, 1—debility, 2—palpitation of the heart, 1—scarlet fever, 1—apoplexy, 1—child-bed, 2—lung fever, 1—congestive pneumonia, 1—unknown, 1.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM F. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JESSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
“ on Surgery, by	DRS. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city. W. E. HORNER,
Aug. 20, 1841. A 25—4Decl Dean of the Med. Faculty, 263 Chesnut st., Philadelphia.

MEDICAL LECTURES IN BOSTON.

THESE Lectures begin annually in the Medical College, in Mason street, Boston, on the first Wednesday in November, and continue four months.

	Fees.
Anatomy and Operative Surgery, by	DR. WARREN, \$15.00
Midwifery and Med. Jurisprudence, by	DR. CHANNING, 10.00
Materia Medica, by	DR. BIGELOW, 10.00
Principles of Surgery and Clinical Surgery, by	DR. HAYWARD, 10.00
Chemistry, by	DR. WEBSTER, 15.00
Theory and Practice of Physic and Clinical Medicine, by	DRS. WARE and BIGELOW, 15.00

At a meeting of the Medical Faculty, May 29, 1841, it was Voted, That hereafter two full courses of lectures in this school be required of candidates for the degree of Doctor in Medicine. But for one of these courses a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.

Boston, August 21, 1841.

\$1—eptN

WALTER CHANNING, Dean.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDSEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12—1amN

THOMAS MILLER, M.D.

Dean of the Faculty.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep.8—eptN

GEORGE W. OTIS, JR.

ONE MEDICAL STUDENT,

Or correct moral habits, can be received into a physician's family on reasonable terms during the ensuing course of Medical Lectures in the city. Location convenient. Inquire at the Medical Journal office.

Boston, October 18, 1841.

O 20—3t*

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$2.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

The Supporters may also be obtained of the following agents:—In New Hampshire, Dr. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any portion of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, NOVEMBER 10, 1841.

No. 14.

REMARKS ON PARTIAL FRACTURE OF THE RADIUS.

BY GIDEON ALGERNON MANTEL, LL.D., F.R.S. ETC.

In the admirable lectures on surgery by Mr. Phillips, it is stated that a fracture may be incomplete, although some surgeons have denied the possibility of the occurrence, and, as conclusive of the fact, a sketch is given of a bone which had sustained such an injury.

Six cases of this kind have occurred in my practice during the last twenty-five years; and as the diagnosis is rather perplexing to a young practitioner, I am induced to offer a few remarks upon an accident which, although comparatively rare, every surgeon is liable to be consulted upon. The first case that came under my notice happened soon after I left the hospitals, and I well remember how difficult it was to account for the symptoms, for I had been taught that partial transverse fracture was impossible. But I am convinced that a bone may be bent, and the convex portion of the curve be cracked, and yet the fracture be incomplete and unattended with loss of continuity, as a tough twig may by bending be partially broken, and remain permanently curved, although not disunited. In the following case, which occurred but a short time since, the symptoms, peculiar to this injury, were well marked.

A fine, stout, ruddy boy, five years of age, son of B. Warren, Esq., of Clapham-park, was thrown from a donkey with considerable force; in falling he stretched out his left arm to save himself, and received a severe concussion on the ball of the left thumb. I saw him two hours after the accident; the palm of the hand was contused, but the principal injury was at the middle of the forearm, which was swollen and much bent, presenting the appearance of a transverse fracture of the radius and ulna. It was easy to ascertain that there was no dislocation, and that the ulna was uninjured; the head of the radius could be distinctly felt to rotate upon moving the wrist: but this bone was bent, the convexity of the curve being on the external aspect, and there was a corresponding hollow on the ulnar plane: there was no crepitus. Extension made no change in the appearance of the limb. The bone seemed to have been forcibly bent by the approximation of its distal and proximal extremities, occasioned by the violence of the concussion on the ball of the thumb, having produced partial fracture through the convex or bowed part, but not extending across the shaft, so as to occasion a loss of continuity. Leeches and the customary treatment were had recourse to; at the expiration of a week the swelling had subsided, but the curvature remained. In a few

weeks after the accident the child could use the limb without inconvenience, and the deformity gradually disappeared. The other cases were attended with similar results: in none did I succeed in altering the bent condition of the bone, although extension was used carefully, and in some instances immediately after the accident; in all, the arm was ultimately restored to its normal state by proper exercise after the inflammatory symptoms had subsided. In every instance the *radius* was the bone fractured, and the patients were under nine years of age. In accidents of this nature, I would suggest that some attempts to remove the curvature by extension must be highly injurious, if sufficiently powerful to be effective; the application of leeches and the usual antiphlogistic means should alone be employed, for the action of the muscles will ultimately restore the limb to its natural form.—*Lancet*.

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VII.

IN the mountainous districts of South America, those who descend from the cold regions above to the tropical climate below, are subject to yellow fever, just as those are who visit the West Indies from Old and New England, or any other gelid climate. And this although the inhabitants they come amongst are free from fever and in perfect health.* Quito, Popayan, Santa Fe, Pampeluna, and many other towns, are in the cold climate of tropical regions—they being situated so high up the mountains that on orchards, gardens, men and diseases, the same effects appear as in northern countries; whilst at the foot of the mountain everything is as different as our northern States are from the West Indies. We learn from Dr. Deveze, that the Creoles, who were in Philadelphia, escaped the yellow fever of 1793—which strengthens an opinion entertained by some, that heat, and not miasm, is the principal agent in the production of that fever. But this inference is not conclusive, for the reason that the constitution may become habituated to poisonous air, and also to other poisons, as well as to a torrid atmosphere.

Another fact also merits notice. It is that barren, hilly, and gravelly tracts of country, have been healthy in hot seasons, when pestilence was rife on prairies, on the borders of rivers, and in fertile districts, near by. In all mortal epidemics, the poor suffer most, because they are more exposed to bad air, from filthy garments, ill-ventilated houses, and the accumulation of noxious matters about their dwellings. There is no conceivable height of malignity to which a certain degree of noxious miasm may not raise fevers.

Dr. Henderson, of Huntingdon, Penn., relates the case of a poor family which lived near a small branch of the Juniatta river, which branch at the time was very low. It was in the first part of September, and the effluvia arising from it was so disagreeable as to occasion nausea in those who approached the neighborhood of their house. There were

* A remarkable instance of this is given by Dr. Le Blond. He attended the Viceroy and his suit, who came from Santa Fe to Carthagena. One half his guard, consisting of fifty men, fell sick of malignant bilious complaints, such as bilious colic, cholera morbus, black stools, and dark vomitings.

twelve individuals of this family, eleven of whom were seized with malignant fever, of which the five oldest children died. But we more particularly notice the history of it, to mention a symptom which occurred, which, if not unparalleled, can only be equalled by the plague in its utmost virulence, and which Dr. H. imputes to relaxation of the cutaneous vessels and the great tenuity of the *blood*. In three of the children who died, the blood oozed through the extremities of the vessels, so as to stand in minute drops upon the face, arms, breast, and other parts of the body, before their death. If wiped off, no traces were left to show whence it had issued. After death, as might have been expected, livid spots appeared in those places from which the blood had percolated through the surface. The whole skin, and the whole sanguineous mass, were the implicated parts in those surprising cases, in which, for several days before the fatal event, blood flowed through the pores.

These cases seem to stand in prominent proof of the universal extension of febrile affection to the whole system, instead of pointing to any local viscera as its seat.

From the medical naturalist, Le Blond, we learn, with respect to the origin of yellow fever at St. Pierre, Martinique, that it is engendered on board the ships lying in the road, among the crews newly arrived, rather than in the town; and that when the sick are carried to the hospital on shore, they never communicate it to the inhabitants, but only to the new comers from cold countries. The Creoles at St. Vincents told him, repeatedly, that they never had even heard of yellow fever until after the arrival of the English. Our American Consul, Mr. Hill, endeavored to keep an exact list of the deaths of seamen from the United States to the Havana. From June, 1805, to January, 1806, he obtained the names of eighty-six who died; and he reckoned fourteen others, of whom the names were not obtained, making one hundred in all. The whole number of mariners who arrived at that port in that space of time, was three thousand; so that exactly one in thirty died, and all of fever except one, who was poisoned by eating fish. Their average stay was only one month. Yet the mortality of the resident inhabitants for the whole year was but one in forty. Notwithstanding our ideas of the unhealthiness of that city, Mr. Hill observes that it was by no means uncommon to meet persons in the enjoyment of all their faculties from 70 to 90 years of age, and that some arrived to upwards of 100.

We were about to extend this article by other references, showing the usual immunity from yellow fever, of residents in tropical climates. But we deem those already adduced as sufficient. And we deem them curiously interesting, as establishing a point in the pathology of yellow fever. It is evidently and undeniably this, that the greatest predisposition to that disease arises from a previous residence in a cold, healthy, northern climate, the possession of a good constitution, and the enjoyment of high health. Circumstances which insure exemption, in a great measure, from all other diseases, denote the greatest liability to this.

The propensity of yellow fever to attack the robust, is exemplified, when it has prevailed in any of our cities, by the greatest number of its victims having been of that class—by its invading, also, more men than

women, more women* than children, and by its leaving the invalid and feeble unmolested. Indeed, it is not unusual for those of the latter classes to be improved by that state of atmosphere in which it prevails—showing that miasm, contagion, or heat, one or the other, or all together, act as a contra-stimulus to the diseased motions of chronic disorders.

How long a person from a northern climate must reside in the West Indies, or the States of the South, to become acclimated, and lose his competency to be subjected to yellow fever, will depend somewhat upon his individual peculiarity of constitution. Dr. Ramsay, than whom a higher authority cannot be quoted, speaking of the yellow fever at Charleston, in 1804, says that the disease, as usual, was confined to strangers to the air of that city, but that it attacked some who had resided there one or two years. The deaths that year amounted, from first to last, to between two and three hundred, none of whom appear to have been native citizens. Yet he adds, that about two thirds of the strangers escaped the fever, and that more than one half of those who took it got safely through. This would make a very great number of strangers present in the city at that time; which the doctor accounts for, by telling us that they were encouraged to stay because there was no yellow fever there the year before.

Of the relative numbers of males and females who perished, the discrepancy has sometimes been very remarkable. At Cadiz, of 7387 victims, only 1577 were females, being less than one fourth. At Seville, out of 14,685 deaths, 3672 only were females, being almost exactly one fourth.

That contagion is not always a secreted pus, as in smallpox, is evident from hooping cough. That every contagious affection can be contracted only once, fails analogically. Lues venerea and psora are communicated by secreted virus, and yet the constitution acquires no exemption from indefinite contamination.

The question of contagion seems to be as undecided in the West Indies, as with us, and must long remain in the same state that it now is, if facts on each side continue to be as well authenticated, as numerous, and from authorities as respectable, as they now are. We will here, however, dismiss the subject with one query, which may tend to compromise the matter. May not that which passes from the air to the sick (admitting the air to be the cause of fever), pass also from the sick person to the air?

The most frequent of all the remote causes of fever, is cold. But that the inhabitant of a cold climate acquires a greater liability to be acted on in consequence, when he visits a warm climate, is a modern, but well substantiated doctrine. The results are the same, whether he visits a tropical climate abroad, or whether a tropical climate visits him at home. We speak particularly as it respects yellow fever. For of any other disease we do not know that the parallel is sustained, or the greater propensity of suffering, by going from a cold to a warm climate, acquired.

The fancied exemption of negroes from yellow fever, according to Dr. Deveze, is a mistake; they sharing susceptibility or immunity, as they have not, or have been, acclimated, just like those of other complexions.

* Of typhus fever, Dr. Nathan Smith tells us that "more females are cut off by it than males."

We have, in a former Essay, mentioned that yellow fever was usually confined to cities and ships, and that spotted fever was more particularly a disease of the country. But in both cases there are many exceptions. Spotted fever prevailed in the city of Mexico. And in Boston, in the winter of 1813, it would seem that it, or one of its congeners, proved suddenly fatal in some instances. We felt particularly interested in the report of John C. Warren, M.D., of two cases of *post-mortem* examination. The one was the body of a clergyman, who was seized with agonizing pain in the breast, arms, and an affection of the heart, with irregular pulse, and from whom "sweat poured in streams," and still his skin had a death-like coldness. His pulse became imperceptible on the third day, after which he lived thirty hours, and then expired. Pathology requires a reference to those anomalies, which although they may seldom occur, serve to throw light upon cases which we are frequently called to encounter. Now although the dissection in this case displayed the marks of what we should suppose would have excited the most violent fever, yet we are assured that this usual and important symptom was entirely absent, which might be also inferred from what has already been stated respecting the coldness of the patient's skin. The principal morbid affection, which had caused such unexampled suffering, is expressed in these few words. "The pericardium, which closely invests the heart, exhibited marks of violent inflammation." The loose pericardium was affected, but in a less degree. "The substance of the heart was swelled and remarkably tender." The lungs were natural and healthy, and some minor lesions which were discovered, we feel inclined to refer to consequences rather than causes. Here, then, was *inflammation* without *fever*. The second case was that of a robust, muscular man, who was seized with "agonizing pain in the left side," and died on the fifth day. On that day "an enormous tumor was discovered on the side of his neck, hard as a stone, and filling the neck almost from the ear to the clavicle." The lungs, upon examination of the body, two days after death, were found as follows. "The right lobe was spotted, as though caustic had been applied to the surface where the spots were found; the left lobe adhered to the pleura of the ribs, with an intervening cavity containing lymph and semi-purulent fluid. At the places of these adhesions the color of the lung, we are told, was absolutely black, approaching to gangrene. This discrepant appearance of the viscera, in the same subject, we have adverted to in a former Essay, as a matter having an important bearing. But the most striking incident connected with this case was, that the enormous tumor of the neck had, when the dissection was made, entirely disappeared.* We may, in a future Essay, advert to this circumstance again, in connection with a late case in our own practice. As in the former subject, the heart was found softened. In this, the same phenomenon was noticed in the brain; from which (taken in connection with what the eminent Professor, who made the dissections, observes, relative to the discrepant appearances of the tissues, from those affected with common inflammation) we should infer, that the inflammatory phenomena were of the erysipelatous kind—a species which tends

* See New-England Journal for 1813, page 153 et seq.

rapidly to gangrene, to the effusion of lymph and of serum, from the laxity of the vessels, and to greater disorganization, with less fever, than the other kind.

This tendency to immense serous effusion is very remarkable. We have formerly noticed a case in which three quarts were found in one sacculus in the same subject. And yet another is recorded, in which, in a kind of cyst, formed by a recent concretion of lymph, *more* than three quarts of thick and discolored serum were discovered.* This lymphatic cyst was about a quarter of an inch thick.† The low state of the pulse is also in confirmation of this pathology. This, indeed, is almost or quite the only steady and inseparable concomitant of the disease, the other symptoms being extremely various and diversified. And here the remark of Hippocrates—that *the remedy indicates the disease*—may be brought to bear. For from no one source have we ever learned, that any practitioner would use the lancet with that freedom and repetition that he would in genuine pleurisy, although the pain was more severe. These excruciating pains were without any discoverable cause, either in the sick or in the dead, which seemed sufficient to produce their extreme violence. We well recollect a case in which this pain was in the abdomen, and that after death we expected to find some obstruction, intussusception, adhesion, or marks of violent inflammation. But our surprise was great to find nothing of either—and, indeed, nothing at all except a slight pink color of the external vessels of the bowels, which would hardly have been noticed, had we found anything else to notice.

The comparative result of different dissections seems to support the opinion that the most apparent phenomenon was an inflammation of the serous membranes. This might be in the meninges of the brain, in the pericardium, in the bronchia, in the pleura, in the lungs, or in the intestines. But what could occasion those extreme local and circumscribed pains, which were sometimes felt in the extremities? We shall perhaps, in a future Essay, more particularly investigate this query, and at present only say that they were a species of *tic douloureux*.

When cough and expectoration attended, they were entirely disproportioned to the violence of the symptoms. Just as we sometimes find in croup, when it is likely to prove fatal. There was one feature which, among others, was quite peculiar. Persons seized suddenly with excruciating pain, sometimes had a hallucination that some one had severely beaten them. We had such a case in a young woman, who declared that her sister had been inflicting severe blows upon her stomach, and had then hid herself under the bed. And Dr. Jackson, of Boston, mentions the case of a truckman, who had the same kind of delirious idea.‡ It is very noticeable, also, that when spots were not to be seen on the surface, in cases of death and dissection they were found on one or more of the viscera—as on the liver, lungs, and pericardium.§

Sudden deaths, during the reign of febrile epidemics, take place in some instances before the fever forms. They may be compared to those cases in which the patient suddenly expires after amputation, or the crushing

* New-England Journal of 1813, page 259.

† Ibid.

‡ Ibid, page 253.

§ See a case of disease, death and dissection, by A. Bullard, M.D., *ibid*, page 263.

of a limb, in which Sir Astley Cooper observes they will die without "any rising of the pulse or animal heat after the accident." We have seen a case of profound stupor ending in death, in a carpenter who had both his legs broken by the falling of a part of the frame of a building which he was helping to raise. Poisons, not narcotic, will sometimes cause a coma that will end fatally. We saw a child in this state after it had drank a solution of corrosive sublimate, which its mother had prepared to use about her bedstead, and at the time we were very much surprised at such an effect. We suppose that the brain and whole nervous energy are paralyzed in such cases by the poison, and that something similar occurs in severe bodily injuries, as also in fevers; and although highly interesting pathologically, are still less wonderful than the sudden effect of injuries upon the secretions. We may refer, in addition to what we have noticed in a former Essay, to the case of a child who died, as related by Sir Astley Cooper, of inflammation of the pia mater, from a blow on the head, which, upon examination after death, had in its gall-bladder a colorless fluid. We have already noticed that the bile occasionally assumes many different colors; but this is the only notice that we have ever seen of its being entirely colorless.

As we have mentioned something respecting the treatment of yellow fever, we will here conclude by saying that our favorite remedy in high, hot, inflammatory fevers, as a cathartic febrifuge, is cream of tartar and sal nitre, of each eight grains in impalpable powder, with calomel from ten to twenty grains. This we more highly esteem than the popular *ten* and *ten* of jalap and calomel, deeming the jalap as too irritating for an inflamed stomach. If our remedy does not prove sufficiently operative, it may be followed with castor oil.

Vinegar-whey and sage-tea are the most certain and innocuous of sudorifics, in all fevers whatever. Injections of a solution of tartar-emetic, to check vomiting, and to procure stools, are very potent and important. Ipecac. may be substituted for tartar-emetic, when debility or dysentery render it best adapted. It must be used mixed in milk or mucilage *pro injectio*.

APPARATUS FOR FRACTURE OF THE THIGH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—From remarks which have been made to me of late, in conversation with medical friends, I find that there is an impression existing (though I know not to what extent) that the apparatus for the treatment of oblique fracture of the thigh bone, which is used at the Massachusetts General Hospital, in this city, was either the invention of some ingenious mechanic of Boston, or that it was constructed by me, from the suggestions or directions of its inventor. Both views have been presented to me.

Now, Sir, if there is any merit to be attached to this thing, as there would seem to be, from the fact that the improvement has been adopted and used in the above-named Hospital for more than twenty years, my

simple wish is, that it should rest where it belongs. The facts in relation to this apparatus are these. Becoming dissatisfied with the effect of Desault's, in the treatment of some cases in A. D. 1818 and 19, and having sufficient reasons for rejecting the more cumbrous one contrived by Dr. Physick, I designed and constructed a miniature model of the apparatus above alluded to. This I adjusted to a corresponding miniature model of the pelvis and lower extremity, in order to show the mode of its application, and presented the same to my highly-esteemed friend and teacher, Dr. J. C. Warren, who directed articles of due size to be made from this pattern, for the use of the Massachusetts General Hospital.

Dr. Warren, probably, has the model still in his possession, and I doubt not would support me in the whole of the above statement; and further *collateral* evidence will appear by adverting to the *N. E. Journal of Medicine and Surgery*, Vol. X., p. 38, where an article on the subject will be found (with an engraving of the apparatus), written and communicated by me in A. D. 1821.

J. F. FLAGG.

Boston, Nov. 3d, 1841.

ON THE CURE OF NÆVI OR NATURAL MARKS.

[THE following remarks on the cure of *nævus maternus* are by Dr. Marshall Hall, being one of his additions to Underwood's Treatise on the Diseases of Children, referred to in last week's Journal.]

The principal modes of the cure of vascular *nævus*, which have been hitherto tried, are—1, the application of cold and pressure, proposed by Mr. Abernethy; 2, vaccination, by Mr. Hodgson; 3, excision, by Mr. J. Bell; 4, the ligature, by Mr. J. Bell, Mr. White, and Mr. Lawrence; 5, the application of the potassa, by Mr. Wardrop; and 6, the ligature of the principal artery which supplies the *nævus*. The first of these modes of treatment is usually insufficient; the second is only applicable to superficial *nævi*, and frequently induces ulceration and sloughing, and eventually a scar; the third is frequently dangerous from hemorrhage, and proved fatal in one instance even in the hands of Mr. Wardrop; the fourth is attended by extreme pain, and in one case there were convulsions; the fifth must be liable to the same objections: all these remedies, except the first, leave a scar, and are totally inapplicable to many cases of diffused or deep-seated *nævus*; the ligature of the artery is at once a formidable and unsuccessful operation.

To this list of remedies must be added the tartar-emetic ointment, the nitric acid, &c. The same observations apply to them. Their application is attended with pain, and followed by a scar.

The question is, can we devise a mode of treatment in these cases, which shall, without the danger of inducing ulceration or sloughing, be efficient in the cure, applicable to all circumstances and localities of the disease—to parts not admitting of pressure, and to parts so deeply seated as to be removed from the action of vaccination, and not to admit of the ligature or of excision? All these objects may, I think, be attained by a simple operation: this operation is calculated to induce the slow adhesive

inflammation in parts of low vitality. avoiding the destructive processes of ulceration or sloughing ; it is applicable to any part not admitting of pressure, as the eyelid, the lip, the tongue, the labia pudendi, this auxiliary not being required for hemorrhagy, or any other event, or for the cure ; and it may be carried deeply, to parts adjacent to an artery, to bone, &c.

It only requires to be done thoroughly, to be repeated often enough, and to be followed by sufficient delay for processes, necessarily slow, to be established and completed.

It seems long to wait weeks and months for the completion of nature's operations. Yet it is distinctly proved that that which cannot be accomplished in the present case, in *one* month, or in *two* months, is so in *six*. And if any part be left uncured, the remedy is as simple as it is easy and efficacious. I cannot have the slightest doubt that the most formidable cases would be cured by the persevering repetition of this trifling operation every two months. And when this statement is contrasted with those in which the formidable operations of the ligature of the artery, of the ligature, or excision of the tumor, and of the application of the caustic potassa, are detailed, it must, I think, be admitted that the proposition for the cure of nævus, by mere punctures, or slight incisions, is not without its value.

The mode of cure to which I have alluded, consists in passing a needle of moderate but sufficient size, and with cutting edges, through the nævus, so frequently as to induce the adhesive inflammation with the deposit of lymph, and so as to obliterate and consolidate the vessels of which it is composed, yet so seldom as to incur no risk of inducing sloughing. The needle must be passed in several directions from one point in the circumference of the nævus, to several points more or less opposite. These punctures or incisions must be made near the surface in the superficial arterial nævus ; but in a place more or less deeply seated, in cases of the deeper capillary nævus.

The operation must be *repeated* at distinct intervals of *two, three or four months*, according to the state of the case, and progress of the cure ; this is not of the slightest consequence, for the operation neither inflicts pain nor occasions hemorrhagy of any moment ; or the whole nævus may be divided at two distinct operations, by severing alternate portions, after any convenient interval of time.

The object of this proposition is to avoid *pain, hemorrhage, and scar*. Its principle is this : to substitute *cicatrix* for the nævous tissue. In fact, whatever may be done, sacrificing the skin, may be done preserving it, whether this be accomplished by *punctures, incisions, or even by ligature*. The sole difficulty in the proposition is the length of time required for nature's operations : patients and even surgeons are unwilling to wait, and wait they must, if the cure depends upon the establishment of adhesive inflammation and the deposit of lymph.

OIL OF ERGOT IN DIARRHŒA.

MR. WRIGHT has twice administered the oil of ergot in troublesome diarrhœa, and with very marked advantage. The dose in these cases was ten

drops every three hours, and both the patients were cured on the day following that of the administration of the medicine. It must be understood, however, continues the author, that this remedy acts simply by subduing any inordinate irritability of the intestines, for it is not physiologically an astringent.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 10, 1841.

DR. HAYWARD'S INTRODUCTORY LECTURE.

ON opening the lecture term at the Medical College in this city, last Wednesday, it devolved upon Dr. Hayward, Professor of the Institutes of Surgery, to give the introductory. The anatomical theatre was well filled at an early hour. The discourse was an admirable one, characterized by plain common-sense reflections, cogent reasoning, and excellent language, well arranged. Were we in possession of the manuscript, copious selections would be made from it. If the class ask its publication, as it is hoped they will, the public will derive great pleasure from its perusal. We have heard introductory lectures, here and there, in various institutions, for a succession of medical lecture seasons, but have no recollection of having been more rationally entertained by any than we were by this.

Trial for Mal-practice.—A pamphlet was received the other day, for which we return thanks, entitled "A Report of the facts and circumstances relating to a case of compound fracture and prosecution for mal-practice, in which William Smith was plaintiff and Drs. Goodyear and Hyde were defendants, at Cortland Village, Cortland Co., N. Y., March, 1841. Comprising statements of the case by several medical gentlemen, together with notes and comments on the testimony, by A. B. Shipman, M.D." Some reference has heretofore been made to this vexatious affair, but in this publication the facts are so arranged and set forth, that the reader is able to have a better understanding of the matter, than through any previous channel.

The principal object of Dr. Shipman, however, in the publication of this pamphlet, seems to be a vindication of his own practice and reputation, as regards the treatment of the plaintiff's case. Drs. Goodyear and Hyde, it will be recollected, who were physicians to the almshouse in which the plaintiff resided, advised amputation of the fractured limb, which was opposed as unnecessary by Dr. Shipman and one or two others who had been called in consultation. In consequence of this disagreement, amputation was not performed, and ten days after, Dr. Shipman was called upon by the patient to take charge of the case in place of the defendants. Dr. S.'s mode of treatment, by sawing off a piece of the protruding bone, in lieu of amputation, may be found related on the 76th page of this volume of the Journal. The action was brought by the plaintiff to recover damages for mal-practice, and the defence of course rested in part on the propriety of amputating at the time the operation

was proposed. Surgeons of respectability and skill testified as to the expediency of both modes of treatment in question, but the result was such on the minds of the plaintiff's counsel that the suit was withdrawn by them before it went to the jury. Dr. S. brings forward in the pamphlet sufficient authority, we should think, for his choice of treatment, to prevent any stigma attaching to his reputation as a surgeon; and this we say without in the least intending to reflect upon the views of the other medical gentlemen concerned. Indeed the result of the prosecution will always be a sufficient defence on their part.

Prosecutions for mal-practice are pretty much of a piece with those for a breach of promise of marriage, and are looked upon by the discriminating public in a similar light. They are in general a pretext, and that is all, for sponging a little money out of some one who has got more than the plaintiff; although sometimes, were it possible to probe to the bottom of the motive, it would be found to be an arch scheme for ruining the reputation of the defendant. In all trials for mal-practice in medicine and surgery, our sympathies are in the first place enlisted on the side of the defendant, knowing, as we do, from years of critical observation into the history of these litigations, that the public good, humanity, benevolence, philanthropy or any other praiseworthy object, is in most cases entirely out of the question.

We hope this report will have an extensive circulation, as, aside from any local or personal object, it will have the effect of putting surgeons on their guard against unprincipled patients and their special friends.

Devotion to Science.—Within a short time the Cabinet of the Boston Phrenological Society, consisting of a vast collection of casts, has been deposited in new apartments in Washington street. In the course of an examination of this very curious museum, the other day, we were shown the skull of the late M. Robertson, of Paris, who not only bequeathed very many curious heads to this Society, but a sum of money to defray the cost of transportation, and lastly, his own head! This came safely in a small box, and is more striking in consequence of having two prodigious rows of teeth, than for any notable protuberance on the cerebral region. M. R. entertained a devoted feeling of attachment to Dr. Spurzheim, and after showing his love for the science of phrenology, it was the constant desire of his heart, we understand, to have his skull placed by the side of that great philosopher's—in which he is likely to be indulged.

Fatality of Epidemics.—The Rev. Mr. Clapp, in a late charity sermon at New Orleans, said that he had resided twenty-one years in that city wanting a few months, and had witnessed in that period eleven epidemic yellow-fever years, and two cholera seasons—each carrying to a sudden grave never less than three thousand human beings, and often five thousand. Within twenty years, one hundred thousand persons had been swept away in that city; and of that immense number, twenty-five thousand were young men, between the ages of 18 and 20 years. We have never seen a more striking allusion to the fearful ravages of death, in any one city. Yet adventurers will rush on to the grave, notwithstanding the continual warning of the acclimated inhabitants, "to keep away till the fever subsides."

Consciousness of Suffering.—John Dougherty, some time since, was dreadfully crushed between a rail-road car and the wall of the ticket-office, at Baltimore. He has recovered, and his recollection of the sensations he experienced at the moment, is vividly described in the *American* of that city. It seems that his first expectation was that the car would be stopped; but it rolled on, and he felt the horrible pressure slowly advancing. He next felt the awful sensation of the breaking in of his ribs. A terrible feeling next came over him, as though a burning flame had suddenly passed from the lower part of the body to the head—which was caused by the violent injection of blood into the brain. At that moment he became senseless and fell, apparently dead. A return to consciousness is described to have been like the effects of an unpleasant dream, from which it seemed that there would be relief when he awoke. It appeared to by-standers impossible that he should recover; yet under the watchful care of Dr. Dunbar, he has been finally restored. We hope to see a more particular account of the injuries received in this case, drawn up by Dr. D. himself.

Importance of Punctuality to Medical Men.—The editor of the *London Lancet*, in some excellent advice to students on commencing their studies, has the following remarks on the importance of punctuality.

“But to reap the fruits of this instruction, he must bind himself down to the unswerving exercise of punctuality. A single lecture lost is a link gone, which the whole session may not be adequate to repair; but in addition to this, a breach of punctuality is a moral sin of the most serious kind, and deserving of the strongest censure. Punctuality is a virtue more necessary to the medical practitioner than to any other member of society. With what confidence does the agonized and enduring patient look forward to the moment when the assuager and comforter of his pains should arrive. Cruel, indeed, and lost to all kindness, must be the heart that under such circumstances could permit delay. Punctuality inspires confidence not only in medicine, but in every other calling of life. He who would observe punctuality should find an excellent means of training in that important attribute, in the daily duties of his hospital education. The lecturer should step into his class-room at the precise moment of the striking of the clock: and cease as the minute-hand completes its revolution: the medical officers should commence their visits to the wards of the hospital at the instant that they advertise—knowing the value of the student's time, and feeling for the anxious expectancy of the suffering patient; all should be regular as clock-work. It was a saying of the immortal Nelson, that he gained all his victories by the quarter of an hour preceding the time which he had appointed. It is a practice with our best surgeons, in naming an hour for an operation, to have everything prepared a half hour beforehand, and to anticipate by that half hour the suspense of the expectant sick. Such surgeons must be eminent, not only in the eyes of their professional brethren, but also in those of the public. All men can judge of punctuality, but all cannot judge of medical knowledge; their judgment will, therefore, be decided by that which they can appreciate. We do not apprehend scepticism upon this important subject, but if we analyze the principles of punctuality, we shall find that they are the most ennobling of the human mind. Punctuality is a ternary compound of conscientiousness, benevolence and firmness. The non-punctual man has no consideration for the time and property of his fel-

low men; he is urged by no correct principle of duty; the inducements of kindness have no place in his heart; and that steady firmness is wanting which would enable him to break from present occupation, however trifling, to fulfil his promised engagements. Gentlemen, be punctual, if you would win the respect of the society in which you move. If you be so unfortunate as not to see its value now, be punctual still, for the moment is not far distant when you will be enabled to appreciate fully its importance."

Quackery and Humbug.—The Medical Society of London held its first meeting for the session, September 27, 1841. Dr. Clutterbuck, president, in the chair. There was a very full attendance of members and visitors. In some preliminary observations, Dr. Clutterbuck took occasion to allude to several kinds of "quackery" and "humbug" which have lately prevailed, to a certain extent, in the profession. He particularly alluded to some new operations for defective vision, to operations for stammering, and to mesmerism. He classed the three together as being equally worthy of condemnation. He could not help expressing regret and surprise, that such proceedings as these should obtain, even a transient notoriety, in a profession so strictly one of fact, as that of medicine. When, however, they did, unhappily for the public and the profession, succeed in obtaining dupes, then it was the duty of societies, like the Medical Society of London, to expose and condemn the fallacies. This was one great benefit which medical societies conferred upon the public.—*Ibid.*

Obscure Disease of the Heart.—Dr. Johnson related, at the same meeting, the case of a young gentleman, who had become gradually emaciated without any obvious cause. He had no fever; his pulse was weak and slow, but his appetite was good. He was placed under the care of several eminent men, who all of them failed in detecting any kind of disease; and as the emaciation progressed, he was sent to Leamington. Here it was said he would soon get well, but one morning the physician in attendance found, to his surprise, that there was no pulse; he therefore ordered him off to London immediately. He was brought to town in an invalid carriage, and Dr. Johnson saw him. He lived one week. During this time he was examined with the greatest attention, but no trace of disease could be discovered; the pulse was scarcely to be detected, and the heart's action could not be heard. After death, no structure or organ appeared to be diseased, except that they were all much attenuated, till the heart was exposed. On examining this organ the two surfaces of the pericardium were so adherent that they could not be separated with a scalpel. The heart itself was not larger than a goose's egg, while the parietes of the left ventricle were an inch and a half in thickness. The cavities of the organ, instead of being able to contain twelve drachms of fluid, would barely hold three drachms.

This was an instance of inflammation having produced its destructive effects before its presence was detected. Death resulted from the gradual diminution of the quantity of blood, and the inability of the heart to do its office.—*Ibid.*

On the Propagation of the Variolæ Vaccinæ by Crusts from the Cow.
By JOHN BARON, M.D., F.R.S.—On the 7th of this month my friend Mr.

Coles informed me that he had heard of the existence of the variolæ vaccinæ at a farm a short distance from this place. The following morning we visited the cows. One only had been affected by the complaint. The teats were covered with the remains of the disease, but not a single vesicle existed from which lymph could be taken. Under these circumstances I recommended Mr. Coles to collect a few crusts. This was done, and on the 10th of this month he triturated two of them with cold pure water, having previously separated the margin and outer layers of each crust, and with the fluid thus obtained he inoculated six children, with three punctures on each arm. Out of these thirty-six punctures only one took effect. The vesicle formed in this instance was rather small, but very perfect in its form and character; so much so that no hesitation was felt about the propriety of attempting to propagate the disease from it. Mr. Coles accordingly used it on *two* children on the 17th, and *one* on the 19th, all of which succeeded. From one of these patients, vaccinated on the 17th, he vaccinated four on the 24th; and from that vaccinated on the 19th, he charged about forty points on the 26th. All the vesicles were very fine and perfect, with the exception of those on one of the children vaccinated on the 17th. The deviation in this instance clearly arose from the co-existence of an affection of the skin, which manifested itself the day after the lymph was inserted, and so completely altered the character of the vesicle as to render it unfit for use. I am the more induced to dwell for a moment on this latter event, as I have reasons to know that the evils arising from inattention to deviations of this kind are not sufficiently regarded by gentlemen employed by the Guardians in vaccinating the poor. I myself, at least, have had communications from two Unions on this very point. It cannot therefore be too strongly stated that persons vaccinated under such circumstances ought not to be considered as secure from subsequent attacks of smallpox.—*Lon. Med. Gaz.*

Medical Miscellany.—From Buenos Ayres, the sad intelligence was brought last week, by the barque Chalcedony, that *scarlatina* was raging so dreadfully, Sept. 10th, that from forty to fifty a day were dying with it—cases occurring in nearly every family. There had been but little or no rain for four months, and the cattle were dying in great numbers also.—New cases of yellow fever are continually occurring at Vicksburg, but they are thought to be of a less malignant character. It is impossible to predict the final issue of this raging epidemic at New Orleans. People are still swept off at a fearful rate; and although warned by the whole press of the city to keep away, strangers are pouring in from the North by thousands.—Dr. W. C. Wallace, an excellent writer and operator on the eye, has been appointed to the chair of Ophthalmic Surgery in the Vermont Medical Academy.—Dr. Kilbourne is about giving a private course of lectures on anatomy, physiology and hygeia, in New York.—The injection of a solution of chlorure of aluminum into the aorta of an animal, will preserve the body, it is said, indefinitely.—Dr. M. C. Greene has been appointed post-master at South Woburn, Mass.—Dr. Tolland, of Columbia, S. C., recently operated successfully on a boy seven or eight years old, for stammering.—A young American medical student, says the *Western Journal of Medicine*, was attacked last autumn with enteritis, and placed himself under the care of M. V., one of the most celebrated of the Parisian faculty, who prescribed five leeches to the abdomen, water sweet-

ened with beet-root sugar, taken ad libitum, and a lavement of cold water, to be taken twice a day!—It was lately stated at a meeting of the London Medical Society, that gastrodynia had been removed in many cases by five-minim doses of stramonium given three times a day.—Surgeon General Lawson, of Washington, was recently appointed by the President one of the commissioners for selecting a suitable site for a national armory, on the western waters.—Dr. John S. Butler was re-elected, last week, Superintendent of the Hospital for the Insane, at South Boston.—Drs. Cutter and Parker, who have jointly, of late, managed a private institution for the insane, at Pepperell, Mass., have dissolved copartnership, to take effect Nov. 1. Dr. Cutter will now have the entire control, as in former times.—It is said there are 100 physicians in St. Louis, Mo.

Number of deaths in Boston for the week ending Nov. 6, 36.—Males, 16; Females, 20. Stillborn, 5.

Of consumption, 8—typhus fever, 4—lung fever, 2—drowned, 1—croup, 3—debility, 2—pneumonia, 1—scarlet fever, 5—bleeding at the lungs, 1—canker, 1—old age, 1—teething, 1—brouchitis, 1—paralysis, 1—marasmus, 1—unknown, 2.

MARRIED.—In Boston, Benoni Gray, M.D., of Point Levre, L. C., to Miss Margaret S. A. Bryant.—At Hillsborough, N. C., Dr. William Mallet, of Fayetteville, to Miss C. B. Walker.—At Limerick, Me., Charles L. Swasey, M.D., to Miss H. Perry.

DIED.—At Mansfield, Dr. Roland Green, 76.—At Marion, Alabama, Dr. Henry Yarbrough, 34.—At Lexington, Ky., Dr. Thomas P. Satterwhite, in consequence of being thrown from his horse.—At St. Joseph, Florida, Dr. Edward R. Gibson, editor of the Floridan.—In Kent Co., Maryland, Dr. Morgan Brown, 72.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 463 ft.

1841. Oct.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Min.	Max.	Mean.	Min.	Max.	Mean.			
1 Frid.	40	55	51	29.50	29.56	29.68	NW	Fair	
2 Satur.	38	52	48	29.66	29.77	29.76	N	Fair	
3 Sun.	45	44	36	29.58	29.42	29.36	NE	Rain	Great storm, snow at 5 o'clock.
4 Mon.	34	40	46	29.12	29.25	23.38	NE	Rain	Storm continues, with wind, snow & rain.
5 Tues.	41	44	44	29.48	29.55	29.52	N	Rain	Storm continues.
6 Wed.	42	50	48	29.50	29.47	29.48	N	Cloudy	3.19 inches of rain during storm.
7 Thur.	41	62	54	29.44	29.38	29.46	NW	Fair	
8 Frid.	48	55	52	29.37	29.36	29.38	NW	Rain	.31 inch of rain.
9 Satur.	47	66	57	29.34	29.36	29.37	NW	Fair	Lightning in the south in the evening.
10 Sun.	44	55	56	29.44	29.47	29.50	NW	Fair	Frost in the night—the first this year.
11 Mon.	34	58	54	29.56	29.46	29.43	SW	Fair	.05 inch of rain in the night.
12 Tues.	54	60	58	29.22	29.19	29.20	SW	Cloudy	
13 Wed.	42	52	48	29.30	29.31	29.38	NW	Fair	
14 Thur.	38	50	46	29.47	29.46	29.44	NW	Fair	Aurora borealis.
15 Frid.	38	44	46	29.44	29.24	29.19	SW	Rain	
16 Satur.	42	47	45	29.30	29.44	29.48	N	Cloudy	.01 inch of rain.
17 Sun.	40	46	46	29.52	29.54	29.53	N	Fair	
18 Mon.	34	46	44	29.53	29.50	29.50	NW	Fair	
19 Tues.	33	48	44	29.42	29.29	29.26	NW	Fair	High wind.
20 Wed.	40	47	46	29.10	28.88	28.83	SW	Rain	.23 inch of rain.
21 Thur.	36	46	42	28.73	28.74	29.80	SW	Fair	
22 Frid.	38	48	44	28.89	28.93	28.99	SW	Fair	
23 Satur.	37	46	46	29.17	29.19	29.17	W	Cloudy	Halo around the moon.
24 Sun.	34	50	46	29.23	29.18	29.19	SW	Fair	
25 Mon.	33	34	32	29.26	29.34	28.40	NW	Fair	
26 Tues.	25	46	46	29.50	29.30	29.26	SW	Fair	
27 Wed.	37	50	48	29.44	29.55	29.62	NW	Fair	
28 Thur.	23	42	40	29.90	29.90	29.91	N	Fair	
29 Frid.	35	52	51	29.86	29.76	29.72	SW	Fair	
30 Satur.	48	66	64	29.70	29.70	29.70	SW	Fair	
31 Sun.	48	70	65	29.75	29.79	29.77	SW	Fair	

This month has been variable, the first part of it wet, with much dull and cloudy weather, the latter part of it pleasant, and the two last days quite warm. 3.82 inches of rain fell. Range of thermometer from 23 to 70; barometer, from 28.73 to 29.91. No severe frost till the 10th.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRÉ's Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunse on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plunbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretæus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhardt's Clinical Lectures.

Aug. 11—

NEW YORK MEDICAL INSTITUTE.

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The instructions will be divided into a Summer and Winter course. The summer course of Lectures will commence on the first Monday in April, and continue till the first of July, when there will be a vacation till the 15th of September. The lectures will then be resumed and continued until the last week in October. The courses of instruction are as follows:

1. Clinical Surgery—Valentine Mott, M.D., Granville Sharp Pattison, M.D. 2. Medical Jurisprudence—John W. Draper, M.D. 3. General and Orthopedic Surgery—W. Detmold, M.D. 4. General and Special Pathology and Therapeutics—Charles A. Lee, M.D. 5. Surgical and Pathological Anatomy and Operative Surgery—John Murray Carnochan, M.D. 6. Practical Medicine—James Stewart, M.D. 7. Diseases of the Eye and Ear—Alfred C. Post, M.D. 8. Chemistry and Medical Botany—Daniel Gardner, M.D.

Fees for the summer course, \$40. For single Tickets, \$10.

Winter Course.—The Winter Course will consist of Recitations, and Examinations on the different branches of medicine and surgery, taught in the medical department of the University of New York, and will be conducted by the following gentlemen.

1. Institutes of Medicine, Materia Medica and Chemistry—C. A. Lee, M.D. 2. Theory and Practice of Medicine and Obstetrics—James Stewart, M.D. 3. Anatomy and Surgery—John Murray Carnochan, M.D.

The course to commence in the first week in November, and to continue until the first of March. Fees for the course, \$25. For single Tickets, \$10.

For further information apply to the Secretary, 86 Prince street, near Broadway.

VALENTINE MOTT, M.D., President.

JAMES STEWART, M.D., Secretary.

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WEDNESDAY, NOVEMBER 17, 1841.

No. 15.

ACUTE BRONCHITIS.

FROM DR. WATSON'S LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC.

INFLAMMATION of the membrane lining the air-passages may be, and often is, a very acute and dangerous disorder, i. e. the inflammation may be both intense and extensive; it may descend into the vesicular texture, and occupy the whole surface of the membrane on one side of the chest, and then it may be a very grave disease; or it may involve the whole lining membrane of both lungs, and then it is always attended with considerable peril.

This inflammation will sometimes, when it is thus *general* over the whole membrane, linger for a considerable time in its first stage; and it may even, after so lingering, subside again without ever passing beyond the first stage. By the first stage I mean the stage of dryness. Very little notice of this modification of bronchitis has been taken by authors. Dr. Latham has given a distinct and graphic description of it, to the accuracy of which I can testify from my own experience. You will find cases of it detailed in his book. Since they were published, some striking instances of this form of the disease have occurred to myself. One, which happened lately, I will relate by way of example. I was asked by an old pupil of the hospital to see a lady, his patient, in Gordon square. I found her feverish and in a state of extreme dyspnoea, sitting up in bed from inability to lie down, laboring for her breath; her face turgid and rather livid, her nostrils working, her shoulders elevated; she could scarcely speak, but expressed, in what she did say, a dread of immediate suffocation. She had been in nearly the same state for a day or two. On listening at her back I could hear the air slowly wheezing and whistling into her lungs everywhere, and then leaving them still more slowly, with a prolonged growl, something like that of an angry cat. There was no true vesicular breathing; there was no crepitation; and there was no part into which the air did not, although with difficulty, find its way. The chest was everywhere resonant on percussion. There could be no doubt that the membrane throughout was tumid and dry, and in the earliest stage of inflammation. Depletion had already been employed in this case, and we had recourse to the tartar emetic. This was given in free and repeated doses, till it produced nausea and sickness. Whenever it did so, the pulse diminished in force, the face became blanched, and the breathing much easier; and the medicine was then suspended until these effects had gone off, when it was repeated in the

same manner. The disease was not put a sudden stop to, however, by this treatment; it was kept at bay for a day or two longer, and then a copious secretion from the mucous membrane took place, with great relief to all the distressing symptoms. Then, of course, crepitation became universally audible. Except the debility which it left behind, the patient soon recovered of the bronchial inflammation.

But in the great majority of instances the inflammation does not thus linger in its first stage; the membrane soon begins to pour out glairy mucus; so that we do not often meet with *sibilus*, without finding at the same time, in some part of the same lung, that there is also small and large crepitation. It is of some importance to attend to the characters of the mucus that is expectorated. It is transparent and viscid. If you pour it from one vessel into another, it flows out in one mass of extreme tenacity; it will draw out sometimes like melted glass; and the degree of viscosity is a tolerably accurate measure of the degree of the existing inflammation. Upon the surface of the viscid mucus there is usually more or less froth, the *quantity* of it depending on the facility or the difficulty with which the sputa are brought up. If the patient does not expectorate till after a long fit of coughing, during which air has been many times inspired and expired, and has thus got intimately mingled with the mucus that fills the air-passages, the expectoration will contain numerous little air-bubbles: will be very frothy. Sometimes, also, during this stage of the complaint, the sputa are marked with streaks of blood.

While the expectoration possesses the characters I have been describing, the inflammation is still intense, and the fever and dyspnoea considerable. This correspondence between the general symptoms and the matters spat up was well known to the ancients, who said that such expectoration was still *crude*. But in proportion as the inflammation approaches to resolution, the appearance and qualities of the sputa are changed: the mucus loses by degrees its transparency, is mixed with masses that are opaque, and of a yellow, white or greenish color: and these masses, few at first, increase more and more in number, until they constitute the whole of the sputa. Such expectoration as this is commonly accompanied by a marked remission in the different symptoms of the bronchial inflammation: it announces that the inflammation is terminating in resolution. It is such as the ancients spoke of as being *concocted* or *ripe*. However, the characters of the opaque sputa expectorated towards the end of an attack of acute bronchitis are liable to great variation.

It will often happen that the expectoration after having thus become opaque, and parti-colored, will go back again to its former condition of transparency, stickiness and froth: and that is a very certain index of a return or increase or extension of the inflammation: so that an observance of the characters of the matter expectorated teaches us, in a certain degree, the progress of the inflammation: and consequently constitutes one point of guidance to our treatment. The nature of the expectoration forms also an important particular in the means of distinguishing bronchitis from pneumonia; as I shall farther explain when I speak of the latter disease.

I have described acute bronchitis as it appears when it terminates favorably: in such cases the inflammation generally begins to abate, somewhere from the fourth to the eighth day of the disease. But acute bronchitis may terminate *unfavorably*. When the inflammation is universal and intense, the fever high, and the labor of respiration great—if the symptoms do not yield to the treatment employed, or if judicious treatment has not been adopted, or has been too long delayed, signs of impending suffocation begin to show themselves: the lips, cheeks and tongue assume a purplish color: a livid paleness takes the place of the former red flush: the expression becomes more and more anxious; delirium comes on, and rapid sinking. These indicate, you know, the circulation of blood that is in a great measure venous through the arteries; and the venous blood acts as a poison when it so circulates. Profuse, cold, clammy sweats ensue; and the patient dies of apnoea. His breathing is choked by the morbid secretion which occupies the bronchial tubes, small as well as large, and which he has not strength enough left to cough up.

Accordingly, when we examine the thorax after death so produced, we find, in the first place, that the lungs do not collapse upon the admission of the pressure of the atmosphere to their external surface. We next find the trachea, and bronchi, and their ramifications, blocked up by a frothy adhesive mucus, resembling that which during life had been expectorated: and the membrane which lines them is red and thickened.

The treatment proper for these acute and dangerous forms of bronchitis is a matter of some nicety. Bloodletting, as I formerly stated to you, has not that decided power over inflammation of the *mucous* tissues which it possesses over the adhesive inflammation which takes place in the serous membranes. If there be much fever, a hard pulse, and great oppression of the breathing, and particularly if these symptoms present themselves in a young, strong and robust individual, we must bleed him from the arm. And you will always find bloodletting *relieve* the symptoms, even when its ultimate effect may be injurious. The patient's distress arises from his inability to supply air enough to arterialize the venous blood which is transmitted to his lungs; and by diminishing the quantity of blood sent to those organs, you will, *pro tanto*, mitigate his uneasiness. But a great part of the danger to be apprehended in the advanced periods of the disease, is that the patient may not have muscular power enough to disembarass his air-passages of the phlegm that over-loads them; to draw a strong breath, and to accomplish a vigorous cough. We must not bleed therefore to syncope, and again and again, as we are often justified in doing in cases of pneumonia. Sixteen ounces will be a moderate bleeding at first for an adult, but more or less than that must be taken, and the bleeding must be repeated or not, according to the condition of the pulse: for the pulse is a better measure of the propriety of pushing the abstraction of blood, than the local symptoms.

Great relief is often obtainable by *topical* bloodletting; by cupping over the surface of the chest, or between the scapulæ. If you distinguish sibilus in one portion of the lung more than in another, take the blood rather from that part of the surface which corresponds to the place of the sibilus.

After the bowels have been cleared by a mercurial purgative, calomel and jalap, for example, you will find the tartar emetic a very valuable medicine in these acute cases of bronchitis. It should be given in such doses as will excite nausea; and if vomiting be occasioned, you may still go on with the medicine after the sickness has subsided. The depression which this substance produces is great, but it is temporary, and it is effected without expending blood. With the antimony—I mean during the same period—mercury may and ought to be given: to this combination I should be inclined to trust more than to any other internal treatment.

If symptoms of sinking and debility have begun to show themselves, it will be necessary to administer stimulating expectorants. I presume that the carbonate of ammonia, which is often extremely useful in such cases, acts as an expectorant, by giving a fillip to the muscular power. But it is supposed by some persons to exercise some specific influence upon the bronchial membrane. However this may be, five or six grains of it, given in solution every four or six hours, are often followed by free expectoration and a marked improvement.

One of the circumstances of which patients are much disposed to complain, is the violent or importunate cough; and another is the want of sleep and of rest: indeed, the one of these is often, in a great measure, the cause of the other—the urgency or frequency of the cough prevents the patient from sleeping. Now there is nothing so well calculated to allay cough, and to procure sleep, as opium; and you will be strongly tempted to give these patients opiates, and you will probably be encouraged to do so by the success which will follow that practice in many cases. The good effects of a full narcotic at bed-time are sometimes very striking. Patients who for previous nights have been perpetually harassed by cough, and who are worn out by the disturbance of their rest, will sleep tranquilly, and in the morning expectorate largely and freely, and declare themselves wonderfully the better for their opiate. Yet opium is a ticklish remedy in these cases. Many a patient—some within my own knowledge—laboring under general or extensive bronchitis, have been put so soundly to sleep by a dose of opium on going to bed, that they have never waked again. I believe you may receive it as a golden rule in these cases, not to give opium—I mean in a full dose, so as to force sleep—if you see any venous blood mingling in the general circulation—if the complexion be dusky, and the lips in any degree blue. The circulation of half-arterialized blood through the brain is in itself a powerful cause of coma; and if you add the influence of an opiate, the coma may easily be made fatal. While the lips and cheeks remain florid, and when the first violence of the disease has abated, an opiate will do capital service. It is a common practice to combine it with antimony or some other expectorant. Twenty minims of laudanum, with the same quantity of the liquor antimonii tartarizati; or a third of a grain of the acetate of morphia, with a drachm of oxymel of squills, are convenient forms.

Counter-irritation is frequently of great use, as an auxiliary measure, in the treatment of acute bronchitis. Sensible relief of the cough, and of the oppressed breathing, often follows the rising of a large blister laid

across the front of the chest. When the dyspnoea is extreme, and a more speedy counter-irritant is required, you may have recourse to the mustard poultice. Inhalation of the steam of hot water is also very soothing and useful. It is one of the best expectorants I know of when it answers at all; but to some persons it proves irritating, and they derive no comfort from it.

I have been speaking of acute bronchitis, uncombined with any other pulmonary disease; and it is curious how little disposed the inflammation often seems to be to extend itself from the mucous membrane to the neighboring tissues. The reason, doubtless, is, that this membrane is furnished with a distinct set of bloodvessels, the bronchial arteries and veins; while the substance of the lungs is supplied by the pulmonary. We could not tell, merely by attending to the general symptoms, whether the inflammation was limited to the inner membrane or not; but by making use of the sense of hearing, we are able to determine this. If the inflammation should spread to the parenchymatous texture of the lungs—i. e. if the bronchitis should pass into pneumonia—this circumstance would be disclosed by physical signs, which I shall in due time describe and explain; and it would demand certain modifications of our plan of treatment.—*London Medical Gazette.*

THE PHILOSOPHY OF MESMERISM.

[PERHAPS an apology is due the readers of the Journal for occupying its pages with anything further on the subject of Animal Magnetism. As long, however, as there are individuals among the members of the medical profession who are willing to engage in public magnetic exhibitions, and others in and out of the professional ranks ready to be deceived thereby, it may not be amiss occasionally to expose the absurdities of the pretended science. Another reason for copying the following article, which was written by the editor of the London Lancet, is, that as no one has latterly done more than the writer of it, in the way of investigating the most noted exhibitions and making known the deceptions practised, anything from his pen comes with an authority by no means to be despised. Although the references are local, the whole article will be found interesting to American readers.]

The industry and wonderful perseverance of the family of Spiders is proverbial. They never tire; the destruction of their flimsy filaments is the signal for the re-construction of new webs; and when they are driven from the wall, they withdraw to holes, corners, and remote chambers, to catch flies or dust, as the case may be. In the morning your cunning spider sits enthroned in the midst of his web, spreading far and near from shrub to shrub; he surveys his work with cool complacency, and contemplates with quiet joy the unfortunate insects that have got entangled in his meshes. You sweep away his disfiguring fabric—it avails not; for in the evening the net is spread again,

Retiaque et laqueus, quem lumina fallere possint,

and the spider is again there, or his place is occupied by some one of his

countless heirs and successors. Now, if there be any set of men who have these characters in common with the *arachnidæ*, they are the magnetizers. Franklin and the French commission demolished all the illusions invented by Mesmer, detected his frauds, and explained the real phenomena by the ordinary laws of physiology. As new Mesmerists arose, their delusions were dispersed; and so late as the year 1838, the editor of this Journal took the trouble, with some of his friends, to examine most carefully, patiently, and impartially, the experiments of Dr. Elliotson, performed by Dr. Elliotson himself on patients selected and trained by him, after he and his friend Dupotet had had the subject eighteen months in hand. Experiments were also instituted that were free from the fallacies which were mixed up with all Dr. Elliotson's unsatisfactory performances. The results are well known. The Mesmerized sovereigns, the water, and the nickel—above all, the nickel—in short, the whole humbug was exploded. *No effects whatever were produced but by the volition of the two girls. When O'Key did not know that substances were considered to be Mesmerized, they produced not the slightest effect, and her hands never moved in the right directions when she could not learn in what directions they were expected to move.* Mesmerism had a fair, full trial; if the spectators present had any prejudices, they were in its favor; yet it was proved to demonstration to be essentially a delusion. Dr. Elliotson was convicted of a gross error of judgment, to say the least of it, and very properly retired into private life, there, not, it seems, to purge his mind from error, and to make amends for the mischief he might have done to society and the medical profession, by some useful investigation, conducted in a rational, philosophic spirit. He is still a disciple of Mesmer; he has been all the while worshipping the false idol in secret; and Lafontaine had no sooner strutted on the stage of the Hanover-square rooms, and got himself puffed in half a dozen newspaper paragraphs, than Dr. Elliotson appeared again before select parties of friends in Conduit street. All this is pitiable. Out of compassion—out of regard for Dr. Elliotson's previous labors—and out of a lingering hope that he might one day have the good sense to acknowledge the illusions to which he had abandoned himself, we have never noticed his private vagaries; but as he has now publicly entered the lists as the rival of Lafontaine, and has thus drawn the curtain with his own hand, it may be injurious to the credulous part of the public not to notice his performances.

The first account we have to notice is contained in a paragraph in the Morning Chronicle (and if these accounts be not written they are evidently revised by Dr. E.), stating that he had afforded to ladies and gentlemen of rank and science an opportunity of witnessing experiments in the *science of Mesmerism*. The doctor and two young women were on the stage; and the grand *experiment* was the exhibition of the attractive power which he exercised on their bodies, so that they were drawn after him about the room in every direction. One of them, for instance, placed at a distance in the assumed Mesmeric state, would approach him, advance when he retreated, go to the right hand when he went to the right hand, turn round—in fact, follow him just as if she had been drawn after him by a cord. Such were the facts. The girls followed the magnetic doctor;

that was all. Why did they do so? If a person or a dog be seen following another round the room, it is not considered anything very marvellous; one would say, if asked for an explanation, "he follows him because he chooses to do so;" and they are influenced by some motive which can or cannot be discovered. According to the ordinary laws of nature, then, it would be said at once that the Whitechapel "young woman of thirty" chose to follow Dr. Elliotson round the drawing-room, either because she preferred that to sitting still, or because she wished to exhibit before an audience of "rank and science"—or because it gratified her host—or because she was paid for the performance—or because she had an eye to the pensions which it is suspected the magnetic patients will receive in after seasons. Oh! the Mesmerists will exclaim, but the will had nothing to do with these phenomena. The girls are *attracted* by the operator; their legs are moved, their arms are raised, their bodies are drawn towards him, as iron is drawn by the magnet. Very well. That is your hypothesis. It is quite new: no such force was ever heard of before, as this human attraction, independent of the affections and the will. Prove that it exists, and your names shall be placed by the side of Franklin's. Let us consider, for a moment, the consequences of admitting the Mesmeric hypothesis. The admission assumes that a *new force* has been discovered. One body (the Magnetic Doctor's) weighing say one hundred and fifty pounds, draws another body (the "young woman's") weighing say one hundred and twenty pounds, towards it from a distant part of the room; it moves a body weighing one hundred and twenty pounds with a given velocity. Here is then a certain force, acting like the force of gravitation, of electricity, or magnetism, but existing in human bodies. It must be an immense force, as will be immediately apparent, when it is compared with other forces, with gravitation for example, where the attraction which the whole globe exercises on the human body can be counterbalanced by a weight of about one hundred and fifty pounds; or with magnetism, where the largest magnet ever made will not stir a pound of iron at the distance of a yard. Yet the magnetic doctor *draws* a "young woman of thirty" after him all round his drawing-room!

We have now to consider whether it is probable that a new, enormous force has been discovered, or whether we have to deal with that old force the human will, and a vulgar, rude, voluntary imitation of magnetic attraction. It is a law of all the attractive forces which have hitherto been investigated, that their action is inversely as the square of their distances: if the distances at which the force acts are respectively as 2 and 1, the force will be four times as great at the distance of 2 as at the distance of 1. Hence when bodies move towards each other, they move at an accelerated rate; beginning slowly, and going faster and faster, until they come in contact. A stone falling is an example, or a needle approaching a magnet. But Dr. Elliotson's girls are only drawn within a respectable distance of his body in the public exhibition; they do not approach him at an accelerated rate, nor cling to him as iron would to the magnet. They flutter round him at a given distance. The doctor would, of course, remind us of the Sun and the planets, Jupiter and his moons, Saturn and

his belt, where the smaller bodies remain at stated distances from the centre of the sphere of attraction ; and we do not reject the analogy, but take the Mesmerist as the Sun, Jupiter, Saturn (though some would, perhaps, take him for the Grand Sultan). If his system still justify the argument, and account for the distance at which they keep, the girls should be driven round the magnetic doctor, by a centrifugal force, with inconceivable velocity. Nothing is said of this indispensable part of the phenomena in the report of the experiments.

It is evident, then, that the phenomena related by the Mesmerists, as the result of their experiments, are directly at variance with the universal law of attractive forces.

Again, according to the laws of attraction, if the magnetic doctor attract the girls, the girls must attract him ; they must be drawn towards each other, in the inverse proportion of their masses. Not one of the operators, however, has ever dared to say that he felt the slightest sign of the attraction in his own person.

Are we then to admit that these "young women" follow the Mesmerists because they choose to do so, or to admit the discovery of a miraculous force, hitherto unheard of in physiology, and subversive of the fundamental laws of physical science ?

It is the easiest thing in the world to perform decisive experiments on this subject. Nothing can be more deplorable or unsatisfactory than Dr. Elliotson's lame attempts at experiments. We have seen him endeavor to raise O'Key's hand by *looking at it*. We took care that her eyes were properly bandaged, and he failed, of course ; although he stated that he had not failed before—from very good reasons. Her eyes were still bandaged, and he endeavored to raise her left hand, or her left leg, by waving his hand on that side, at the same time walking backwards and forwards with creaking boots, which told O'Key plainly on which side he stood. Some one was directed to walk on the right side also, and the experiment again failed. The following is related as one of the recent experiments :—"The elder female, a young woman of respectability, residing in the neighborhood of the Commercial-road, Whitechapel, first arrived, and was first placed in the operating chair. She had had epilepsy, and had recovered under the Mesmeric treatment of a *celebrated* French physician" (one of Dupotet's old pupils, we presume).

"Having assumed her position in the chair, Dr. Elliotson in less than one minute threw her into a state of *complete torpor*. Her hands were clenched ; her lips and eyelids tightly compressed ; and so rigid was the whole muscular system of the body, that all attempts to alter the position of any member by main force were ineffectual. Having remained thus a few minutes, Dr. Elliotson proceeded, by *the influence which he possessed over her, to raise her from her sitting or rather recumbent posture to her feet*. This was done by his drawing his hands, his fingers pointed towards the patient repeatedly, in a line from her face towards himself, retreating gradually from her as the operation proceeded. The patient, during the progress of this treatment, became violently agitated ; she writhed with violent muscular exertions to raise herself from the chair ; her face became suffused, and the activity of the muscular system within

was perfectly obvious, the rigidity of the limbs being meanwhile retained. From the position in which she lay it was physically impossible that she could raise herself, and she was placed in a posture more nearly approaching sitting, from which, *still influenced by the motions of the operator, she very shortly raised herself on her feet, the process being conducted without the smallest aid from the arms of the chair, but by means solely of her own muscular exertions.* Her hands were still clenched, and her position standing very nearly approached to that which she had assumed while in a sitting posture. She was now subjected to the Mesmeric influence in every way, not only by Dr. Elliotson, but by other persons in the room. *Her body was drawn to the right and to the left, her arms were raised and lowered, by the process of manipulation,* such as we have already described; and she was thrown into postures apparently the most painful, in which she continued during the space of several minutes, without exhibiting the smallest signs of consciousness."

She arose "by means solely of her own muscular exertions." To be sure she did; but this does not look very like rising by the "attractive influence" of the magnetic doctor. "Her own muscles," in our humble opinion, were excited by her own will, and not by Dr. Elliotson; but this explanation will not suit the marvellous witnesses of the wonderful counsellor.

The whole delusion might be immediately detected and exposed at these exhibitions by any body who will take the trouble to perform the experiments in a proper manner. If the hand be raised by Mesmeric action, no philosophic mind will require further evidence of the existence of the force. At the next meeting let the "young woman's" eyes be carefully bandaged, and the usual manipulations be performed, which are said to draw the arm, in three different directions. Dr. Elliotson should be out of the room, and the experiment should be performed by an intelligent person, accustomed to scientific investigation. We pledge the existence of the Lancet that the experiment would fail, and succeed in bringing the imposture to light.

If Dr. Elliotson had a philosophical mind, and a sincere conviction that this force existed, he might easily devise experiments for demonstrating its existence. If the attraction be real, the girls might be seated in a small four-wheeled carriage, and drawn round the drawing-room by the attractive Mesmeric force of the magnetic doctor. Or, by accumulating the force, putting, for instance, a considerable number, of epileptic "young women" in a railway carriage, the doctor and his disciples might succeed in drawing them along the line. Mr. Brunel would no doubt place a carriage at Dr. Elliotson's disposal on the Great Western Railway; or, if those carriages should be too large for his first essay, he might try his hand on the Southampton.

Everybody must remember the highly interesting researches of which the *gymnotus* at the Adelaide Gallery was the subject, and the results which were communicated to the Royal Society by Professor Faraday. But the curiosity excited by the investigation of the phenomena exhibited by the electric eel, could not for a moment be compared with the interest which similar researches would excite in the public mind, when

pursued on the person of a Fellow of the Royal College of Physicians, who is understood to have no special nerves or organs, like the *gymnotus* or *torpedo*, for the production of the wonderful force in question. Professor Faraday might be asked to conduct these, also. But whatever the result, if the magnetic doctor continue his freaks, he will inevitably find his way either into the Adelaide Gallery or into Bedlam.

CASE OF CANCER OF THE PENIS.

BY JOSEPH JAMES RIDLEY, M.D., FORSYTH, GEORGIA.

THE subject of cancer; its essential nature, its etiology, diagnosis, prognosis, &c., are involved in impenetrable obscurity; its curability remains "*sub judice*." The French surgeons, with one accord, acknowledge "their inability to define it satisfactorily." Notwithstanding it has, since the birth of medicine, been a focus of scientific light, and intellectual giants have brought the vast resources of their minds into its exploration, it still remains a "sealed book." The very best evidence of its being "*terra incognita*," is the universal contrariety of opinion among medical men touching it. Some men entertain hopes of its curability. A distinguished medical gentleman, within my knowledge, insists upon it that he has often succeeded in curing cancer *empyrically*; other "*nomina clara*," fully assured of its incurability, make this its diagnosis. Sir E. Home, MM. Bayle and Cayol, Messrs. Cooper, Gibson, &c., regard it as alone curable by the timely and judicious use of the knife.

The etiology of cancer is a matter equally controverted. Gibson, Carmichael and others, speak of its animalcular origin (agreeably to their theory, it is produced, as psora, by acari and other animalculæ). Liston, Roux, Cooper, Hunter, attribute it to an hereditary predisposition, developed by adventitious causes. Bayle and Alibert cite numerous instances of its descending from parent to child. Yet we have many recorded cases of its independent, substantive existence. Adams, Wardrop and Liston have met with many instances of its origin without ostensible cause. It is not my design to canvass these different opinions, but concisely to report a case of cancer of the penis. It has no remarkable interest from novelty; it may, perchance, throw light on the pathology of lithiasis, with which it was in evident connection.

T. D., aged 85, a soldier of the Revolution, had, until recently, been blessed with a vigorous constitution—he assured me that he had never been confined to his bed more than a day at one time throughout his long, eventful life. His mode of life was laborious—an industrious agriculturist—his diet was poor; his habits for many years past had been at times dissipated. His temperament was *sanguineo-nervous*; excitable and fearless. He was attacked, July, 1840, with symptoms of lithiasis. Itching in prepuce and glans penis, agreeably to Dorsey, are invariable symptoms of calculus. This person suffered acutely on this account. He had difficult and bloody micturition. These symptoms continued for some time; they at length ceased and never afterwards returned. Whether the calculus became encysted, or was dissolved by an empirical remedy

(horse-radish tea), as pretended by his credulous friends, or in what manner the result was brought about, I will not conjecture. About this time a wart-like pimple was perceived about the insertion of the frenum preputii into the glans penis, of the size of a pea, hard and red. Not much attention was paid to it; it remained without material alteration for five or six months, when it began to extend itself. By degrees it implicated the whole of the glans penis. Now it was that empiricism essayed its powers. Various highly inflammatory remedies were used; the effect of these was aggravation. Red precipitate had been recommended; I was consulted with regard to its propriety. I cautioned in strongest terms against thus tampering with a disease which, from the representations made of it, I was induced to believe was about to terminate in cancer. I was then requested to see and attend the case. Upon my first visit I was confirmed in my apprehensions. The diagnosis was clear and obvious. The glans penis had been nearly eroded; but a very small particle remained. The whole penis was involved in high inflammation; the cellular tissue was excessively engorged. About twelve lines from the scrotum, on the corpus spongiosum, was a tit, with everted jagged edges, through which urine dribbled in his attempts to urinate. My patient was racked continually with excruciating pain. Perhaps the surest symptom of cancer is its unintermitting pain. I anticipated at once the impracticability of effecting a cure. My only recourse was anodynes; by these the old gentleman got a little respite occasionally from the severity of his sufferings. I soon perceived that I could rely upon nothing but the knife. There were evidences that the disease had extended itself deeply into the urethra. The fitful and evanescent relief afforded by anodynes and refrigerants induced in him a delusive hope of possible cure. I frankly stated that the only possible relief was in surgery, and that even amputation would not certainly reach the root of the disease. I requested my friend Dr. Roddey to see my patient with me, and consult upon the chances of cure from amputation. I went armed to operate. On the night before a copious discharge of blood from the urethra had occurred. This and other indications of a thorough implication of the whole urinary apparatus induced us to decline operating. About this time a large, ill-conditioned tumor, filled with atheromatous or cheese-like matter, appeared in each groin. Whether this was from sympathy, according to Desault and Cooper, or absorption of carcinomatous virus as in syphilitic labors, I will not presume to decide. One thing I will say, that sympathy is an unscientific term. Men are apt to throw themselves upon the doctrine of sympathy to account for phenomena difficult of solution, but which grow out of a continuous chain of physiological causes. The sufferings of the old gentleman were now so intense and unintermitting that he resolved upon amputation as a means of temporary relief. He had become so weak that it was impossible to keep him nerved long enough at any one time to make the necessary preparations, and thus he vacillated from day to day until he went down to the grave. Recently a fourth tumor, similar in character to those in the groin, made its appearance above the "*os pubis*."

A remarkable fact connected with this case, is the perfect and unin-

interrupted assimilation of nutrition throughout. Liston, Cooper, &c., speak of indigestion as an invariable sequence of cancer. Although a large quantity of morphine was used, yet it did not become necessary to have recourse to aperients but very rarely during the continuance of the disease (fourteen months). I am informed that his dejections were healthy and uniform during the whole course of his disease until the third day before his decease, at which time the powers of nature gave way, and nearly every function was suspended. The inguinal tumors continued to discharge immense quantities of matter *externally*, until within a few days of his death, when the discharge turned inwardly.

The science of cancer is in its "transition state, from incertitude to demonstration." Hence the great importance to the profession of medicine, that all facts tending at all to throw light upon cancer be minutely reported, that order may spring from chaos, light from obscurity. Cancer is a disease of no ordinary magnitude, whether we regard its acuteness or suffering, its great prevalence or its direful fatality. I do not expect too much from medicine in hoping that the investigations of science may yet evolve some medicinal agent with power to stay its ravages. I know not why cancer, if undertaken in its incipency, may not be cured. Nature contains in its vast *materia medica* a remedy, if timely and judiciously used, for every other human malady; why must cancer prove of necessity an "opprobrium?" The results of investigation hitherto have been failure. Thus was it with variola until 1776. The profession should not abate a whit in its energy in this investigation until the cure of cancer shall have become "*res adjudicate*."—*Med. Examiner*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 17, 1841.

GRAVES'S CLINICAL LECTURES.*

THESE Lectures by Dr. Graves, originally appeared in this country as one of the publications of the Medical Library, under the auspices of Dr. Dunglison. They excited great interest, and were read by the profession, especially in this part of the country, as a powerful check to the skepticism, but too common with us, in the power of medicine. It were unseemly to say more than this, that this work should be in the hands of the old practitioner and the young student. The Dublin school has taken that stand in the science which was imperiously demanded by the too great devotion paid to diagnosis, to the utter neglect of a knowledge of therapeutics; many felt, that however correct the diagnosis (even to the faintest shadow of a rôle in phthisis), the duty of the physician was not completed, unless he could minister to, as well as dilate upon the character of, the disease. The few lectures added by Dr. Gerhard serve to es-

* Clinical Lectures, by Robert J. Graves, M.D., M.R.I.A., &c. &c. Second American edition, with Notes and a Series of Lectures, by W. W. Gerhard, M.D., Lecturer on Clinical Medicine to the University of Pennsylvania, &c. &c. Philadelphia: Barrington & Haswell.

establish more firmly his reputation as a teacher, and one cannot but regret they are not more numerous.

[A friend had the kindness to commence a review with the above observations, when he was reluctantly obliged to leave the further consideration of a book, which he would have warmly recommended to his professional brethren. Contrary, therefore, to our expectations, Dr. Graves's Lectures, in their present convenient form, enhanced in value by the industry and science of Dr. Gerhard, have not received that attention at our hands, which was fully intended from the day a copy was received. Imagining that the real merits of these writings might be better set forth by a person whose power of critical analysis is destined, without doubt, to be highly estimated with the increase of his years, we devoted less personal attention to the general claims of the author, than usual. Being thrown back to the original condition of knowing very little of the character of Dr. Gerhard's additions, otherwise than believing that he has rendered good and essential service, we are unable at present to speak further respecting them.]

Climate of the United States, and its Endemic Influences.—A prospectus is abroad, to publish by subscription a work, the design of which is, to exhibit a connected view of the leading phenomena of our climate, both physical and medical, comprising a condensation of all the writer's observations on the subject. It is based, chiefly, on the army meteorological register, and the statistical reports on the sickness and mortality in the army of the United States—embracing a period of twenty years—both of which publications have been recently given to the public by the present chief of the medical department of the army, Thomas Lawson, M.D. The author of the proposed book is Samuel Forry, M.D., whose fitness for the undertaking must be acknowledged, wherever his name is known. He will so divest these volumes, comprising five hundred pages, of statistical details, as to embrace in about one hundred and fifty pages the residue of the contemplated work, consisting of those deductions which more extended investigations have enabled him to make. It is to be handsomely printed in an octavo, of 360 pages, bound in muslin, and gilt. Cost, to subscribers, \$2.50. It is to be hoped that there will be a generous expression of interest manifested in this enterprise. If anything is calculated to discourage an author, who impresses the public in a favorable manner with regard to his merits, it is a tardy movement. Patronage, to be serviceable, should be speedy as well as hearty. Those who may find it most convenient, are invited to leave their names at this office, to be transmitted to Dr. Forry.

Jahr's Manual of Homœopathy.—The agent of this work, which is considered exceedingly important by the Homœopathic practitioners, is as badly located as possible, in this city, for accommodating those who might wish to purchase it. The idea of having it on sale at a toy-shop, may be thought, by some, in keeping with the cause the book is designed to sustain. If those most interested in the character of the homœopathic doctrine and the sale of publications devoted to it, would place them where purchasers usually go for books, viz., in a respectable book-store, the receipts would doubtless be increased.

Cerebral Physiology.—An extra has been received from the Public Advertiser office, Louisville, Ky., of a very extraordinary character. A certain Dr. Jos. R. Buchanan announces that he has discovered a method of exciting any distinct portion of the brain, independent of every other part—and he moreover declares that he can carry on the excitement even to monomania! He can quicken the activity of any one of the organs of sense—make a man laugh or cry—be merry or sad, right handed or left, just as he chooses; and perform such a multitude of antics with the fabric of a man, that it must be dangerous to provoke his ill will. The programme of what he can do—all under the technical, talismanic name of *cerebral physiology*—puts the discoveries of past ages entirely into the shade. Six physicians have certified to the doctor's very strange doings—which is a kind of evidence that, like animal magnetism, Dr. Buchanan's recent discoveries are astonishing those who never looked behind the screen to see the wires pulled.

Castleton Medical College.—By an act of the Vermont Legislature, the name of the *Vermont Medical Academy* has been changed to *Castleton Medical College*. Wm. P. Russel, M.D., has received the chair of Medical Jurisprudence. He was formerly at the other school. Lectures will commence the second Tuesday in March, and continue fourteen weeks. On the 11th of October, Dr. McClintock commenced a fall course of dissections and lectures at Castleton, which are to continue two months. His winter course begins December 20th, and also continues two months. Besides these advantages, there is a private school under the united care of Drs. McClintock, Perkins and Jamieson, which offers peculiar advantages to the student, at a very reasonable rate.

New-England Medical Institute.—In the late Thomsonian Convention held in this city, the question whether the contemplated school should be called the *New-England Medical Institute*, instead of the *Thomsonian Medical College*, was debated nearly two hours, and finally negatived. It was voted, that the board of trustees be requested to secure the services of competent professors in the different branches to be taught at the contemplated college, and that a course of lectures be given in Boston, as soon as a sufficient number of students can be found, who will attend. It was also voted, that the lectures embrace the following branches of medical study—viz., Thomsonian Theory and Practice of Medicine, Anatomy, Surgery, Physiology, Obstetrics and Chemistry. Query: How long will it be before the Thomsonian theory and practice will be lost sight of, and the new school be a rational one, conducted on scientific principles, and under the control of a respectable, learned faculty?

On Hemeralopia which was Epidemic in the Department Bouches-du-Rhone. By DR. FRECHIER.—Epidemic hemeralopia has often been observed. In the present instance it was first observed at Mausanne in the commencement of March last, affecting pregnant women especially, but sparing neither age, sex nor temperament. In some it simply enfeebled vision after sunset; others were completely blind at night, although their vision was perfect during the day; and in others vision was imperfect even at mid-day, although it was not entirely abolished at night. The

duration of the affection was about seven or eight days; the constituent parts of the eye were unaltered; indeed, except in the cases in which pregnancy was concomitant, the affection was absolutely isolated. The cause was evidently general and diffused, but its nature is subject for conjecture.—*Brit. and For. Med. Review, from Bul. Gén. de Thérapeutique.*

Case of Pruritus Scroti, Cured by fresh Lemon Juice. By Dr. OPLER, of Tarnouritz.—This was an extremely distressing case, that had resisted all internal and external means for ten weeks, depriving the patient of sleep, and producing incessant distress. The pruritus extended to the penis, and was accompanied by no primary rash, nor any perceptible local alteration except what was produced by the friction. A wash of diluted lemon-juice gave immediate relief, and after a few applications produced a perfect cure.—*Ibid, from Berlin Med. Zeitung.*

Medical Miscellany.—Four persons were lately poisoned by having Jamestown-weed seed mixed with their coffee—put in by some wickedly disposed cook. By medical assistance they were all saved.—After the battle of Austerlitz, Baron Larrey, the favorite surgeon of Napoleon, amputated 1400 limbs, and the knife, in consequence of exhaustion, fell from his hands! This is told on the authority of Dr. Mott, of New York.—A meeting of the Southern District Medical Society, in Massachusetts, was held Nov. 10th.—Some recent cures of consumption, quite astonishing, are said to have been effected by sawing wood.—Dr. William Taylor, Vice President of the Medical Society of the State of New York, is a candidate for the Legislature. It is hoped that he will keep at bay the petitions of the Thomsonians, who claim equal standing with the learned profession in that State, by legislative enactment.—In 1839, there were 2717 suicides in France, 698 being females. The number increases annually: in 1838, there were 2556.—Dr. Staats, of Albany, has had such surprising success in the treatment of gonorrhœa, by the extract of cicuta, that he has addressed the members of the Medical Society on the subject. In giving it to a patient with neuralgia, who happened also to have the other complaint, he was relieved of both, by four grains every four hours, till the system was under its influence. Since, he has cured several cases, giving the same dose, once in four hours, till dizziness was produced, to be followed by a dose of Epsom salts.

MARRIED.—In Boston, Dr. Otis French to Miss E. Fay.—At Brooklyn, Conn., Alfred Still, M.D. of Philadelphia, to Miss C. C. Barnett.—Horace Green, M.D., of New York, to Miss Harriet Sheldon.

DIED.—At Rainham, Mass., Mr. Amos W. Dean, 21, a medical student, recently of this city.—At Edinburgh, Scotland, Dr. Robert Cowan, professor of Medical Jurisprudence in the University.—At St. Augustine, Florida, Dr. Wightman, of the U. S. Army.—At Malta, Dr. Anthony De Armas, of New Orleans. He had arrived the morning of his death, at the Quarantine, from Athens.

Number of deaths in Boston for the week ending Nov. 13, 23.—Males, 15; Females, 13. Stillborn, 1.

Of consumption, 4—dropsy, 1—lung fever, 3—dropsy on the brain, 2—infantile, 2—marasmus, 2—croup, 2—hemorrhage and child-bed, 1—convulsions, 2—inflammation on the brain, 1—scarlet fever, 1—smallpox, 1—debility, 1—old age, 1—typhus fever, 1—fits, 1—unknown, 1.

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality. N. 17—cepsam H. I. BOWDITCH, 8 Otis place.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

Session 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing :—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
" on Surgery, by	Drs. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

Aug. 30, 1841.

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Dean of the Med. Faculty, 263 Chestnut st., Philadelphia.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDER'S Medical Clinic; Bryant's Anatomical Examinations; Burns on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunse on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plümbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretaus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

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A 19

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June 19

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, NOVEMBER 21, 1841.

No. 16.

CASES OF OPERATION FOR ARTIFICIAL PUPIL.

BY JOHN JEFFRIES, M.D., ONE OF THE SURGEONS OF THE MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

[Communicated for the Boston Medical and Surgical Journal.]

THE unfortunate situation of the patient who is always blind, at least as to all useful vision; and in general can only discern light as the healthy eye discerns it with the lids closed; and having his only chance in an operation which is perhaps the most difficult to perform, and most uncertain in its results, of all ophthalmic surgery, renders everything connected with the subject of artificial pupil of such interest, that any suggestion which experience furnishes is worth some notice.

From this circumstance, and from the conviction that there are many cases now existing which might be relieved, the following cases are published.

CASE I.—William Oates, 48 years of age, from China, Maine, applied to the Infirmary, and was received as a house patient, July 3d, 1840. He stated that his eyes were good with the exception of three several injuries occurring at the age of 6, 12, and 32 years, at each of which times he had a temporary inflammation, from which he perfectly recovered, until about four years since, when the sight of the right eye began to fail him, unaccompanied with pain or apparent inflammation, and continued to fail for one year; at which time he had a fever accompanied with delirium, and, as he well remembers, a swelling on the side of the face. He does not know if his eye was inflamed at this time. On his recovery he found he had lost his sight, retaining only the perception of light.

The following was the state of the eyes at the time of his application. The appearance of the right eye was not quite as bright as natural; in other respects it looked well. His vision with this eye was not distinct. He had had floating muscæ for several years. He thinks that the disease of the left was affecting the right eye, which was the cause of his application for relief. The left eye had closure of the pupil upon an adventitious membrane or portion of capsule. The iris was smooth on the surface, and had not lost its fibrous appearance. Its color was of a reddish brown, and darker than its fellow. There was no other appearance of disease in the globe. The application of stramonium produced no effect upon the pupil or vision. The perception of light was about as much as seen through the closed lids of the healthy eye.

In this condition of things I determined to attempt a removal of the

capsule with a cutting needle passed through the sclerotic, and if this was not successful to operate afterwards for artificial pupil. Accordingly I operated for him on the 26th of July 1840. I was enabled to detach the capsule partially, but not entirely. No inflammation followed this operation, and his vision was somewhat improved for a short time, but again relapsed so much as to leave only sufficient sight to confuse that of the other eye. He returned again on the 8th of November, 1840, for further assistance, and on the 14th, having previously prepared him for the operation, I operated for artificial pupil. The patient lay upon his back on the table, the upper lid being held by Dr. Geo. Bethune, without the use of the speculum. The lower lid and globe I controlled myself. With the cornea knife I made a section of the cornea downwards, a little more in extent than I usually do in extraction of the lens. This I did that I might have more room in case there should be occasion to remove a portion of the iris. The upper lid was allowed to fall immediately on the completion of the section. A small quantity of the vitreous was observed to escape with the discharge of the aqueous humor, by which it was evident that the iris was ruptured. After a short rest the eye was examined, when I found that the iris was rent from the place of the natural pupil about two thirds towards the outer side. This opening had dilated to an oval form, as large as the natural pupil. On the inner part there was seen a small, circular, white body, about one line in diameter, loose at the new pupil, but attached to the uvea on the inner side. With the ring forceps, carefully introduced, I detached this membrane and withdrew it from the globe. The pupil now dilated still more, becoming once and a half the size of the natural pupil, and was of an oval form, occupying the place of the natural pupil and half the distance towards the outer canthus. No accident accompanied the operation, which was effected with very little pain to the patient. He said he could see the objects about him at its completion. The eye was dressed with a compress wet with cold water, and confined with a single fold of bandage. The eye was quite easy, and the patient free from constitutional affection for three days. At this time the bandage was removed, and on examining the eye it was found that the incision of the cornea had entirely united; the cornea was somewhat hazy; the pupil still remained, but there was in it a deposit of lymph. Leeches were directed to the temple, and a grain of calomel given night and morning.

On the fifth day the cornea was more opaque, and threatening to break away at the incision. He had had but little uneasiness in the eye, but more pain on the side of the head. More leeches were applied, and the calomel with opium given at night, but omitted in the morning.

The fourteenth day. The patient had been improving, with occasionally some pain at night. The cornea had become quite clear; a considerable pupil was seen, free from lymph, of the size and figure before described. His vision was improving. He could see objects, but they appeared hazy. A slight zone was still seen around the cornea. His eye improved in clearness and strength until the thirty-fifth day after the operation, giving every indication of a perfectly successful result. At that time there was a deposit of lymph at the upper and inner angle of

the pupil—the seat of the adventitious membrane; the pupil began then to contract at that part, and as the lymph was deposited continued to close from this part nearly across the new pupil, leaving but a small opening in the iris, which was dim in its appearance. This closure was slowly accomplished in about fourteen days, notwithstanding every effort to prevent it by depletion and the use of mercury. He was discharged on the 22d of January, 1841, without improvement.

CASE II.—Mark Langley, from Brigham, Maine, æt. 42, applied May 28, 1841. He had an inflammation in the left eye, occasioned by an injury to the eye about two years since. This extended to the right eye, and soon occasioned blindness of both eyes. At his application the right eye was free from redness and uneasiness. The pupil was nearly closed, but not quite. What of pupil remained was filled with a white membrane, apparently capsule, wholly adherent to the uvea. The iris was lighter colored than usual, and somewhat fibrous. It was doubtful if the iris had lost its contractile power. As the disease commenced with acute inflammation, and the iris was discolored, it seemed most probable that it would not contract if divided. Having previously prepared the patient by some depletion, I operated for artificial pupil on the right eye on the 31st of May. The patient being placed as in the former case, and the upper lid supported by Dr. R. W. Hooper, I made a section of a full half of the cornea, after which I found the iris ruptured in the place of the natural pupil, towards the inner side, about one third of the diameter of the iris. This appeared to be mostly occupied by a white membrane. Seizing the loose end of this with the ring forceps, I separated it from the uvea and withdrew it from the eye. In doing this I found a hard, shrivelled lens, about one third of the natural size, adherent to it on the back side. When this was removed a large oval pupil appeared in the centre, and on the inner side of the iris. He could discern objects partially after the operation. The dressing and subsequent treatment were much as in the former case. He had scarcely any uneasiness or redness in the eye. The cornea healed very readily, but there appeared, soon after the operation, a low degree of inflammation in the iris, which in three weeks closed the pupil, and he was discharged the last of August without improvement.

From my observation of these two cases, and their failure after the formation of so large an artificial pupil, so happily accomplished, I was convinced that the chance of success was greatly diminished by the extent of the division of the cornea. It was also apparent to me that the iris more frequently retained its contractile power than might be presumed either from its appearance or from the previous history of the disease. I therefore determined, in similar cases, to attempt the division of the iris through the cornea, with the iris knife. The only objection to this which occurred to me before the attempt, was from the shape of the instrument; which, as it must be introduced with the flat sides towards the iris and cornea, might not be turned to carry the cutting edge towards the iris, without at the same time cutting the cornea so much as to produce a discharge of the aqueous humor, and prevent a division of the iris. A case soon occurred, however, to test the practicability of the operation, as follows.

CASE III.—Joseph Nelson, from Clinton, Maine, 54 years of age, applied at the Infirmary, June 25th. He appeared to be a healthy and temperate man, of a phlegmatic temperament. He had been injured by blasting rocks some time since, and had now recovered from all inflammation or irritability of the eyes. The appearance of the eyes was—the right eye was reduced in size and altered in figure; the cornea flattened and leucomatous over its whole extent, making entire destruction of this eye. The left globe was of natural size and firm. This was also opaque over four fifths of the cornea. The leucoma was prominent and dark colored in spots, showing the union of the iris with the cornea. A small section of the cornea was clear at the lowest part, through which about a fifth or sixth of the inferior part of the iris could be seen. This appeared fibrous, with the fibres on the stretch towards the anterior synechia, which commenced near the bottom of the leucoma. The space between the iris and cornea, at its more healthy part, was extremely small. The two parts appeared almost in juxtaposition. The degree of vision, according to the expression of the patient, was as much as is seen through the lids of the healthy eye. The case, of course, was an exceedingly unpromising one; and indeed had been fully condemned before I saw him. The only chance seemed to be by incision through the cornea with the iris scalpel, as I had formerly devised. Accordingly, on the 3d of July, I performed the operation for koretomia as follows.

The patient lying on his back on the table, and the upper lid supported by an assistant, I entered a small iris knife through the bottom of the opacity, with the cutting edge towards the inferior part of the globe, and the flat side in front. I then brought the point in front of the iris, and carried it across to the corneal edge on the opposite side, and entered the point through the edge of the iris, at the same time turning the cutting edge inwards. In doing this I was careful not to advance the instrument, for fear of wounding the ciliary body. With a back stroke of the knife, I then cut the iris until I saw a clear black opening, as large as I thought the case would admit. The instrument was withdrawn as it was entered. There was no escape of aqueous humor. This I presumed was because of the very small quantity in the globe, and also because the knife was entered through the leucoma. A new pupil was now seen at the edge of the iris, much less in size than I expected, the iris having stretched on before the knife, in the attempt at incision. It was about half a line in diameter, and somewhat irregular. The patient said he could see the objects moving about him.

On the second day he had had no pain, but some soreness in the globe. The pupil still remained. The patient went on from this time without any trouble or accident, and was discharged on the 23d of July, with a small but clear pupil; the eye still a little too irritable to use his sight freely. On the 17th of September he returned to see if his vision could be improved. He had supported himself by work during the summer, but found it difficult to distinguish objects on the ground. Thinking his sight might be improved by glasses, I supplied him with a lens of four-inch focus, with which he could read large letters; distinguish the signs across the street, and count the spokes in the wheels of carts at a little distance.

I preferred to rest satisfied with this degree of vision, rather than risk the loss of it, for which he said "he would not take a barrel of gold."

CASE IV.—John Everett, from Templeton, Mass., 45 years of age, was admitted October 7th, 1840. His sight failed him about three years before his application, so that he could not see to read. At his admission he could not see a lamp across the room, nor define the windows. He had cataracts of both eyes, of a bluish-white appearance. The pupil of the right eye was regular, that of the left a little irregular. Both pupils dilated, but not actively. They were made to dilate by the use of stramonium. The lens in each eye appeared large and prominent; the conjunctiva suffused and somewhat injected; his face was quite florid. Presuming that the lenses were hard, and fearing to leave them in the globe so disposed to vascularity, I thought it best to remove them. Accordingly, the patient having twice taken a saline cathartic, and having been bled, I operated for extraction of both cataracts on the 16th of July. Both lenses were readily extracted, and found hard and large. No accident followed the operation; the patient did well, and was discharged November 16th, with both eyes easy and quite clear, able to read common print. The right pupil showed some disposition to contract, but was easily dilated by stramonium. He returned again to the Infirmary September 17th, 1841, having lost the sight of the right eye. He had closure of the pupil, confined by an adventitious membrane. The iris was fibrous, and a little lighter in color than the left eye. Having been cupped on the nape of the neck six ounces, and taken a cathartic, I operated for the formation of an artificial pupil on the 22d of Sept., 1841. The patient lying on his back, I supported the upper lid and controlled the globe with the left hand. I then entered the iris scalpel flat, with its cutting edge upwards, through the cornea, about a third from its outer edge towards the centre, passing the knife across the iris and over the centre of the former pupil. I carried it through the iris midway from the centre to the corneal edge, on the inner side, at the same time turning the cutting edge inwards, intending to divide the membrane from that point into and through the natural pupil. Depressing the point for this purpose, I made a back sweep, and seeing a good-sized space made by the knife, I presumed I had fully accomplished my purpose, and withdrew the knife. On doing this, I found that I had cut the edge of the pupil and adherent capsule across the former pupil, making a good-sized pupil by the contraction of the iris. This was occupied and obstructed on the outer part by the white adventitious membrane; the remainder was black and clear. There was also a small point where the knife entered the iris, forming another very small pupil between the centre of the iris and the inner edge. He was able to distinguish the faces of those about him after the operation. There was no escape of aqueous humor at the time or after the operation. The eye was lightly bandaged, and the patient went to bed. No inflammation followed the operation.

On the third day there was a good pupil in the place of the natural one, and the smaller pupil had considerably increased in size. This last continued to increase for ten days; at which time it was a third as large as the natural pupil, leaving only a few fibres between it and the central

pupil. His sight was pretty good with this eye, but he said he saw a black band perpendicularly across every distant object at which he looked. In consequence of this, and the eye being quite free from irritability, I determined to operate again and unite the two pupils into one. This I did on the 11th of October, with the iris knife as before. In doing this second operation, I entered the knife with the cutting edge downwards, and as the patient had no control over the eye and it was drawn convulsively upwards, I was afraid the cornea would be cut too freely, and immediately withdrew the knife. I then secured the globe by the double hook fixed into the albuginea, just above and within the edge of the cornea. This was held by an assistant, and I again perforated the cornea with the iris knife, having the edge upwards. I then easily separated the iris between the two pupils, by a sawing motion of the knife, without further cutting the cornea. This formed one full and free pupil. Although the cornea was thus twice punctured, *there was no escape of the aqueous humor*, nor was there any inflammation to defeat the success of the operation. He was soon able to begin the use of the eye, and was discharged able to read common print, with the eye daily improving in strength and clearness.

From the recital of these four cases for keratomia, it would seem very probable that had the two first been operated for in the manner of the latter ones, they would have been perfectly successful. They were both peculiarly adapted to the anterior operation by simple incision; the iris retaining its contractile power; the globe being sound, and the retina still possessing its sensibility. In all cases of closure of the pupil after the operation for cataract, this mode is to be preferred, as in these cases the lens has been removed or absorbed. In cases where Cheselden's operation would be done, this mode is decidedly the best, as inflicting a much less wound upon the eye and avoiding the ciliary processes; a circumstance almost inevitable in the posterior division. And indeed in all cases where the iris will contract on division, it may more safely and successfully be done than the modes of Baron Wenzel, Janin, Sir W. Adams, Maunoir, and the various modifications on them adopted by other able operators. In many cases, also, I think it may be found a good substitute for the operation for corectomia, as in cases of simple central opacity of the cornea, inflicting as it does a much less injury upon the iris than a removal of a portion of its substance must necessarily produce. It cannot, of course, be done where, from previous iritis, there has been a deposit of lymph upon and in the substance of the iris, rendering it gibbous and uncontractile. But I have thought that in a case of doubtful condition of the iris, I should do this operation as a preliminary step to the further division of the cornea and removal of a portion of the iris; having several times found that in doing Beer's or Gibson's operation, the great difficulty in effecting the mechanical operation was in dividing that part of the iris which lay farthest from the incision of the cornea.

In the severer operations upon the eye, as in extraction for cataract and the operations for artificial pupil, we labor under peculiar difficulties in northern climates, from the deep and protracted inflammations which

attend our more irritable subjects. The difference between these operations upon a Chinaman and a New Englander, by hands equally skilful, is hardly to be estimated by one who has not seen or known its effects upon the two classes of temperaments. The increased difficulty of accomplishing the operation with success on northern subjects, is a sufficient reason for making any suggestion public which may in any case lead to a more happy result.

Boston, Nov. 16, 1841.

ORTHOPEDIC INFIRMARY.—SURGICAL OPERATIONS THE LAST
WEEK BY JOHN B. BROWN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY BUCKMINSTER BROWN.

LATERAL CURVATURE.—The subject of this operation was a young lady, aged 19, naturally of a good constitution, but rendered feeble and nervous by the deformity of the spine.

Dr. Brown did not perform this operation in a manner precisely similar to that described by the European surgeons. He made the puncture on a line with the last dorsal vertebra, carrying the knife, on its flat side, between the integuments and muscles, nearly to the spinous process of the same vertebra. He then turned it, and divided the longissimus dorsi transversely; again turning the instrument, he run it down near to the spinous processes, for the space of two inches, and then up along the course of the spine two inches, dividing the whole of the spinal attachment of the serratus posticus inferior, making a subcutaneous longitudinal incision of four inches; involving of course a division of the attachments of the latissimus dorsi at these points; all of which was done through one cutaneous puncture. There was no bleeding of any consequence—probably not more than a tea-spoonful. A small piece of adhesive plaster was applied over the puncture, which being secured by a compress and roller, the young lady walked to her bed.

The deviation between the shoulder-blades, which previous to the operation was three inches, was reduced in four days to one and a quarter inch. Extension having been applied by means of the inclined plane used in this Institution, the lumbar curve has entirely disappeared, and she has gained one and a half inch in height.

KNOCKED KNEES.—A boy, 6 years of age, was brought to this Infirmary, with both legs badly deformed. He had never been able to bring his feet together. Each lower leg formed an angle outwards of 30 degrees with the thigh, and the tibia of each leg was much bent anteriorly—particularly the left. The biceps and external lateral ligament were divided subcutaneously in each leg, and apparatus constructed for the purpose applied. In four days the legs were brought on a natural line with the thighs. The apparatus used in this instance is calculated not only to correct the deformity of the knees, but also to straighten the tibia. Dr. Brown's first intention has been already attained; the possibility of fulfilling the last remains to be proved. It was truly astonishing to observe the results following (even a few moments after the operation) the

division of those fibres which had by their contraction produced so frightful a deformity.

CONTRACTED TOE.—A young lady of 16, with the second toe of left foot doubled upon itself—particularly in walking. Dr. Brown divided the flexor of this toe, and it was immediately restored to its normal position.

PES EQUINUS VALGUS.—A young man, 19 years of age, afflicted with this deformity from birth. In this instance a subcutaneous division of the peroneus longus and brevis was all that was considered necessary at the present time, as previous to his entering the Infirmary the tendo-Achillis had been twice divided. This was accordingly done on Saturday, Nov. 13. There is reason to apprehend that there exists in this case a paralysis of the antagonizing muscles, which of course, if such be the fact, will prolong the process of cure.

If these hasty sketches, Mr. Editor, should be considered worthy of publication in your valuable Journal, and should my health permit, it will give me pleasure, from time to time, to report such cases of interest as may come under my observation, while acting as assistant in this Institution.

BUCKMINSTER BROWN.

SULPHURETTED HYDROGEN IN THE WATERS OF AFRICAN RIVERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have received a letter from Dr. Jona. Pereira, F.R.S., &c., of London, author of the largest and most approved work upon materia medica of modern times, in which, among a great variety of other interesting matters, he has given an account by Professor Daniell, Foreign Secretary of the Royal Society, &c., of the generation of sulphuretted hydrogen at the mouths of rivers on the western coast of Africa, and other places, in sufficient quantity to destroy the copper sheathing upon vessels anchoring on that coast, and also engendering severe and mortal sicknesses. The Lords of the Admiralty of Great Britain considered the subject of so great importance, that in 1840 they directed the officers of the Royal Navy stationed on that coast to procure bottles of water from the mouths of the principal rivers there, and forward them for analysis. Accordingly, eight or ten bottles of the water from the river of Sierra Leone, the Volta, the Bony, the Mooney, the Gaboon, the Congo, from Cape Lopez Bay, and some other stations, were sent by them to Prof. Daniell, who found in all of them a large quantity of sulphuretted hydrogen gas, and he thinks in sufficient quantity to account for the vast amount of destruction of copper sheathing upon vessels in those waters, and also to account for the deadly sickness which prevails on those shores. A communication was made by Prof. Daniell, in a lecture delivered to the members of the Royal Institution, on the 1st of May, 1841, and published in the London, Edinburgh, and Dublin Philosophical Magazine and Journal of Science for July, 1841. Dr. Pereira, among several other highly interesting pamphlets, has forwarded me this, with the following remark. "My friend, Professor Daniell, has recently shown that the waters on the

coast of Africa are largely impregnated with sulphuretted hydrogen, and to this noxious gas we may, perhaps, ascribe the sickness common on the coast. His paper on the subject is full of interest. He was kind enough to give me several copies for my foreign friends, and I forward you one, thinking you will feel interested in the subject."

I will just give you his analysis of the water from Cape Lopez Bay. The analyses of the other waters are somewhat similar, and this may suffice for an examination of the whole.

"Water from Cape Lopez Bay, taken by her Majesty's brig *Nautilus*, Sept. 28, 1839. The rainy season had commenced. This water smelt very strongly of sulphuretted hydrogen. The sediment in the bottles weighed only 0.1 grain, and consisted of vegetable matter. It contained, per gallon, sulphuretted hydrogen, 11.69 cubic inches; chlorine, 1467.37 grains; sulphuric acid, 115.20; lime, 23.21; magnesia, 41.02; magnesium, 28.44; sodium, 921.60; potassium, a trace; iodine, a trace. Amount of salts from evaporation, 2576.00. Specific gravity, 1026."

The subject in relation to the destruction of the copper upon our vessels which navigate these waters, is of the utmost importance to our merchants as well as to the government. Prof. Daniell observes:

"Of the comparative duration of the vessels in the Royal Navy, I have not been informed; but the evil complained of in the merchant service is well known; and upon inquiry of one of the largest copper smelters in South Wales, he assures me 'that the experience of between thirty and forty years has led his mind to the conclusion that sheathing copper will be as much or more injured on a nine-months voyage to and along the coast of Africa, as by the wear of from three to four years on any other trade.'" From a long series of analyses and observation Prof. Daniell observes, "there can be no doubt of the important fact of the impregnation of the waters upon the western coast of Africa with sulphuretted hydrogen, to an amount, in some places, exceeding that of some of the most celebrated sulphur springs in the world; and of the injurious effect of such impregnation upon the copper sheathing of ships, you will be convinced by the experiments upon the table. Were any further evidence wanting, it would be found in the state of the copper of the *Bonetta*, which lately returned from the coast of Africa, and three sheets were sent to me by the Admiralty for examination.

"Nos. 1 and 2 were pretty uniformly covered on the outside with a green crust; and on the inside, as evenly, with a black crust of equal thickness. They were very thin in parts, and here and there eaten into holes. No. 3 was in a much worse state, very thin and eaten into large holes. In most parts it was easily broken by the fingers; one of the holes, of an irregular shape, measured eighteen inches in length by four and a half in width. This sheet was covered with green crust chiefly, on both sides; but there were evident traces of the black crust on the inner side. Upon analysis the black crust was found to consist of sulphuret of copper, and the green oxychloride of copper. There can be no doubt that the injury to the copper arose, primarily, from the sulphuretted hydrogen.

"That the establishment of this fact is of some importance in a mer-

cantile point of view, I think I shall be able to convince you by two anecdotes which I shall now narrate. Not many years ago a new copper company set up a smelting establishment, and brought their copper to market; some merchants purchased sheathing of them, coppered their ship, and sent her to the coast of Africa. Not many months after she returned to this country in the same state as that of the Bonetta. The merchants said the copper smelters were inexperienced hands and did not know their business; and they brought an action against the company, who defended it. Upon the trial some of the most eminent scientific men of the day gave evidence that there was nothing in sea-water which could produce such rapid decay of the copper, and the jury in consequence brought in a verdict for the plaintiffs. Now contrast this with what has happened to me in the last two months. An eminent copper manufacturer of South Wales, who had heard nothing of the investigations in which I had been engaged, came to me with two samples of copper which he wished me to analyze. The one was of new metal, and the other part of the sheathing of a ship which had just returned from Africa after a voyage of a few months, the copper being in a state of utter decay. He stated that the merchants to whom the vessel belonged had brought an action against him on the plea that the copper was imperfect, and he wished for my evidence upon the subject, as he well knew that the copper was perfectly good. Instead of entering upon the analysis, I gave him a copy of my report upon the waters of the western coast of Africa, which he sent to the merchants, and nothing further has been heard of the action.

“But it may perhaps be said that little good will result from pointing out the evil, unless we are prepared to propose some remedy for it. I think the remedy is certainly within our command. The principle of protection proposed by Sir H. Davy is quite applicable to it, with some additional precautions suggested by his newly discovered destructive agent, which had escaped his notice. His experiments were conducted principally with zinc and iron as the active elements of protection, and he was led ultimately to the adoption of cast iron, ‘as the substance which is cheapest, most easily procured, and likewise most fitted for the protection of the copper.’ But this is not the case with regard to sulphuretted hydrogen; for you will see by reference to the experiments upon the table, copper is more acted upon by this substance than iron, the latter being protected by the former, and the fact is that a piece of iron attached to copper increases the corrosion of the latter. Zinc, on the contrary, protects the copper not only from the action of the chlorides in sea-water, but from the sulphuretted hydrogen. I have long been of the opinion that voltaic protection in the navy was much too lightly abandoned. This abandonment arose from what might be called over-protection, by which the attachment of weeds and zoophytes to the ships’ bottoms was found to be encouraged. Earthy deposits were formed, and to these weeds and shell-fish attached themselves.

“The remedy for this appears to me to be obvious; instead of keeping the protectors always in contact with the copper, let them be insulated, and let them be brought into metallic contact when occasion may

require. This might readily be done by means of a bolt or bar forming in one position a continuous conductor between the two metals, and in another breaking the connection; this might always be at the command of the proper officer of the ship. Nothing could then be easier than to throw off the protection when the ship is in harbor or in situations peculiarly liable to deposits; or to restore it upon going to sea, or arriving in latitudes where sulphuretted hydrogen might be found to exist. But the protection should always be of zinc, which would preserve the copper not only from the effects of sea-water generally, but from the more destructive agency of sulphuretted hydrogen, which I shall soon give you my reasons for concluding not only prevails upon the western coast of Africa, but in other situations where it has never yet been suspected. Indeed I incline to believe that it would only be found necessary to use protection in sulphuretted waters, and that the action of the chlorides alone might not be more than sufficient to preserve the copper from deposits."

DISEASES ON THE COAST OF AFRICA.—Although the above subject, Mr. Editor, is extremely interesting, if not invaluable to the commercial world, it may not be of so much importance to physicians as the diseases generated by this pestilential gas. Prof. Daniell observes, "When this matter was first brought under my consideration, I was surprised that the nauseous smell which must necessarily be evolved from water impregnated with this gas at so high a temperature as that of the equinoctial regions, had not been noticed. I have in consequence turned to some of the accounts of the late travels in Africa to seek for evidence upon the subject; and in the narrative of an expedition into the interior of Africa, by the river Niger, by Magregor Laird and R. A. B. Oldfield, I found the following important observations:—

"The principal predisposing causes of the awful mortality, were in my opinion the sudden change from the open sea to a narrow and winding river, the want of the sea-breeze, and the prevalence of the deadly miasma, to which we were nightly exposed from the surrounding swamps. The *horrid sickening stench* of this miasma must be experienced to be conceived; no description of it can convey to the mind the wretched sensation that is felt for some time before and after day-break. In those accursed swamps, one is oppressed not only bodily, but mentally, with an indescribable feeling of heaviness, languor, nausea and disgust, which requires a considerable effort to shake off.' Now these observations were made in the very locality from which some of the first waters I examined were taken, and nothing more is wanting to identify the cause of the rapid decay of the ships' copper with that of the mortality of the climate. It has been experimentally found that so small a mixture as a fifteen-hundredth part of sulphuretted hydrogen in the atmosphere acts as a direct poison upon small animals, and the sensations of languor and nausea, described by Mr. Laird, are exactly those which have been experienced by persons who have been exposed to the deleterious mixture in small quantities. The symptoms occasioned by breathing the gas in a high state of concentration are well known to medical men. Now, can it be deemed at all improbable, that an agent which is capable of acting

with this severity as a direct poison, when mixed in no very high proportion with the atmosphere, should in still less quantities greatly aggravate symptoms of morbid action, which may possibly have their origin in other causes. The close investigation which I have given to the subject more and more convinces me that the worst cases of *malaria* are generally connected with the presence of sulphuretted hydrogen."

Hear what he suggests on this subject in relation to New York, Charleston, &c. "Is it not worthy of the most exact inquiry whether the fevers which periodically afflict the cities of New York and Charleston, in America, may not be connected with the mixture of animal and vegetable substances with the sea-water in their lower districts, where they usually originate; and whether an attentive examination will not prove that the same impregnation of sulphuretted hydrogen, which we have established upon the African coast, exists at the mouths of the vast rivers of the American Continent. Indeed I have been informed by an officer, high in the naval service, that during the war instances of the rapid decay of ships' copper, similar to that upon the African, were noticed upon the West-Indian station. And here again it may be asked, as in the case of the copper upon ships, can science indicate a remedy, as well as point to the disease? And again I would reply that by furnishing an easy method of detecting the evil, she furnishes you with timely warning to fly from the infected region. No vessel should be allowed to cast anchor or linger in sulphuretted waters. But if paramount duty should oppose itself to such a course, we have a certain remedy to propose. Plentiful fumigations of chlorine would infallibly prevent the deleterious effects; and the antidote is at once cheap, and incapable, under proper management, of producing any injurious effects to counterbalance its advantages. The Lords of the Admiralty have received these suggestions with indulgence, and have given instructions to their cruisers upon the African coast to test the waters at regular intervals. They have also abundantly supplied the African expedition with the means of chlorine fumigation; and I have the gratification of knowing that the views I have now had the honor of submitting to you have tended to give confidence not only to the gallant band who have devoted themselves to one of the most disinterested enterprises which ever emanated from pure Christian charity, but to the numerous friends who wait the result with anxiety."

I have now, my dear Sir, given you the outlines of Prof. Daniell's most valuable paper, and I firmly believe it must be highly gratifying to your readers. Dr. Pereira also mentioned to me in his letter that he feared that the Edinburgh philosophers had gone mad on the idea that a young chemist there had succeeded in converting *carbon* into *silicon*. (See some account of it in the London Medical Gazette for June, 1841.) The doctor believes that some error has been committed. Since he wrote me I have ascertained that the last London and Edinburgh Philosophical Journals show that the Edinburgh chemist was mistaken.

Deerfield, Nov., 1841.

I am, dear Sir, yours respectfully,
STEPHEN W. WILLIAMS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 24, 1841.

MEDICAL FORMULARY.*

BENJAMIN ELLIS, M.D., formerly Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy, was the author of this work, in its original form. This is the sixth edition. Since the death of Dr. Ellis, Dr. Morton, the present editor, who assisted in preparing two editions in the lifetime of the author, has given it all the completeness that his position, rare opportunities, and learning, so well enable him to give to a work of this kind. The preface expresses the object and utility of having prescriptions ready made, better than we can do it. "The elegant and judicious formation of prescriptions, is one of the difficulties which the young practitioner in medicine is obliged to encounter. While a student, he is compelled, from circumstances under which he is placed, to confine his attention to the leading principles of the science. Consequently, the minor points (and the art of dispensing medicine is one of them) are postponed to that period when he shall have undertaken the practical duties of his profession. To obviate, in some measure, the inconvenience which the graduate at first experiences, the volume now offered to the public was undertaken and executed." The prescriptions, which are very numerous, and suited to almost all conditions and manifestations of disease, are methodically arranged under emetics, cathartics, diuretics, &c. &c., in a perfectly convenient form—and are likely to be quite as beneficial to veteran practitioners, as to new beginners. The volume embraces a large amount of matter, which we have examined and re-examined, with much satisfaction. We know more of Dr. Morton than of Dr. Ellis; and because the former holds the labors of his late lamented friend in such high estimation, we know for a certainty, aside from other unquestionable evidence to the same effect, that his medical formulary must be good. Copies may be found at Mr. Ticknor's, Washington st.

Vermont Asylum for the Insane.—Dr. Wm. H. Rockwell, the excellent superintendent and medical officer of this Institution, made his annual report to the Legislature in October. The expenses of the Asylum for stores, provisions, salaries, furniture, &c. &c., for the year ending Sept. 30, were only \$11,549 13. The income in the same period, for the board of patients, was \$11,839 26—which shows how admirably the doctor manages the financial affairs of the hospital. Patients have been there from Vermont, 83; Maine, 1; New Hampshire, 28; Massachusetts, 10; New York, 39; Georgia, 1; Louisiana, 1; Iowa, 1; Bermuda, 1—total, 166. During the year just closed, 84 new patients were admitted. Recovered, of all the cases discharged the first year, 58—47 per cent.

* The Medical Formulary: being a collection of prescriptions derived from the writings and practice of many of the most eminent physicians in America and Europe. To which is added an appendix, containing the usual dietetic preparations, and antidotes for poisons. The whole accompanied with a few brief pharmacæutic and medical observations. By Benjamin Ellis, M.D., &c. &c. Sixth edition, revised and extended by Samuel George Morton, M.D. Philadelphia: Lea & Blanchard, 1842. 8vo. pages 262.

"We have," says the report, "had no prevalent sickness, but we have not been exempt from that degree of mortality which necessarily attends all similar institutions. We have had but four deaths, three of whom were of our incurable class, and one was 71 years of age." From the very establishment of this Asylum, we have been gratified with the prudent, vigilant and scientific accuracy with which it has been conducted. It was honorable to the State to create it—and it was a happy circumstance that so suitable a person was selected to control its destiny.

Respirators.—These very useful instruments, which have met the entire approbation of the most distinguished medical men of Europe and America, may be had in this city of our friend Dr. Bowditch, in Otis place. He has them of all prices, as may have been seen stated in an advertisement last week, which is of consequence to the purchaser, since an impression is abroad that the respirator is very costly. Those who have irritable lungs, or who have a cough, liable to be aggravated by exposure to the keen air of our northern winters, would often find advantage in availing themselves of this valuable mechanical contrivance. Consumptive persons, especially, would derive peculiar benefit from them. In fact, a person with the best of lungs finds the respirator an admirable affair in going from the house to the open air, at this particular season of chilling winds and frosts.

Medical Graduates.—A catalogue of the Berkshire Medical School, the lecture term of which closed a short time since, is published. The whole number of students was one hundred and three. Forty-five were on their second course, and fifty-eight on the first. Twenty-two were graduated with the degree of M.D. Their names are as follows: Daniel H. Batchelder, William W. Billings, Philip Brown, Jr., Henry C. Chapin, Francis H. Chase, William Smith Childs, William Ellis Coney, Henry Carpenter, Jr., James Green, Jonas Cowdrey Harris, Duane A. Holden, Ephraim Augustus Hyde, Jonathan Mann, Thomas E. Montgomery, Luther Rice Palmer, Gilbert T. Pearsall, Joel Peets, Franklin D. Pierson, Selden Crawford Preston, Alfred Sears, Frederick Reed Stickney, Josiah Trow.

Suppression of Quackery in Canada.—That contemptible travelling quack, Williams, known as the great foreign *eye doctor*, and one of the grossest impostors, was bound over at Kingston, Upper Canada, a short time since, in the sum of £50, in two securities of £25 each, to appear at the next Court of General Quarter Sessions of the Peace, to answer to a charge of practising physic and surgery without license. The eye-afflicted citizens of Boston will remember this man as long as they retain a recollection of anything—for they were wofully duped. Quite an army might be collected in the different cities, on whose pockets the ex-oculist of the King of the French and the King of Belgium, wrought more tangible effects than on their diseased optics.

Homœopathic Books.—We have been reminded that Jahr's Manual, spoken of last week, is on sale at Mr. Otis Clapp's, in School street, where

as will be seen by an advertisement in this week's Journal, nearly if not quite all the publications of the new school of practitioners are to be found. If the dealers in these works would furnish us with copies of such treatises as emanate from the homœopathic corps, they would be invariably noticed in the Journal.

Ophthalmic Surgery.—Readers are referred to some curious and important cases, communicated by Dr. Jeffries, to be found in this week's Journal.

Medical Miscellany.—At the last advices, Vicksburg was still scourged by the yellow fever. It will be recollected that the disease was introduced there by a sick stranger.—Dr. C. C. Chaffee will commence a course of lectures on anatomy and surgery, at Nunda, N. Y., on the 7th of December.—Dr. Hunter, who was dismissed from the Navy, has been again restored—the court martial which dismissed him having been sharply rebuked for an unrighteous condemnation of a good officer.—A very fatal congestive fever, marked by peculiar fatality, has been prevalent in Mexico the past summer, and has swept off a vast many persons of all ages, sexes, and conditions in life.—Mrs. Mary Haskins lately died at Greenwich, Mass., at the age of 100 years and 6 months.—Electro-magnetism has been successfully resorted to in one case, in England, to set the respiratory muscles in action, after the individual had been poisoned by opium. Although the stomach had been carefully cleansed by the pump, the patient could not have been re-animated, had it not been for the happy application of this new agent, administered by a very small machine.—The cholera is said to have appeared in Bristol, Eng.—In St. Augustine, Florida, the physicians have issued a card, saying that the town is healthful, and, moreover, that only eight cases of fever terminated fatally in that place, last season.—Dr. Chauncy, of Philadelphia, who was sent to the State Prison, a while since, for procuring an abortion, has been pardoned by Gov. Porter.—In 1840, the deaths in Austria were 659,840, being 9501 more than the preceding year. The births exceeded the deaths by 177,200. Causes of death, among others, were—861 suicides; 53 by hydrophobia; 473 by murder; 5369 by accident; and 28 by public execution.

TO CORRESPONDENTS.—The communications of Drs. Fisher, Hinckley and Welch, were received too late for this No. of the Journal. Other favors are also on hand.

DIED.—In Hyde Co., N. C., Jonathan Robeson, M.D., 25.—At Mineral Springs, Florida, Dr. Ruglin, shot by an Indian at a house where he had called.—At Rockport, Mass., Dr. Manning, 80.

Number of deaths in Boston for the week ending Nov. 20, 34.—Males, 16; Females, 18. Stillborn, 2.

Of consumption, 5—diarrhœa, 1—burn, 1—infantile, 1—croup, 3—dropsy in the head, 1—dropsy, 1—scarlet fever, 2—inflammation on the brain, 2—fits, 1—intemperance, 1—inflammation of the bowels, 1—bowel complaint, 1—puerperal peritonitis, 1—canker, 1—dropsy on the brain, 1—old age, 1—apoplexy, 1—dyspepsia, 1—dysentery, 1—disease of the heart, 1—lung fever, 1—inflammation of the lungs, 1—scrofula, 2—hemorrhage, 1.

TO PHYSICIANS.

A PHYSICIAN in one of the most pleasant villages in the State, about 30 miles from Boston, wishes to dispose of and leave his situation. Practice from \$1500 to \$2000 yearly. For particulars, address the editor.

Nov. 24—84

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

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H. I. BOWDITCH,	G. C. SHATTUCK, JR.
H. G. WILEY,	S. PARKMAN.

O. 13—septif

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—septif.

GEORGE W. OTIS, JR.

HOMŒOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homœopathy; Everest on do.; Broocke on do.; Dunsford's Practical Advantages of do.; Dunsford's do. Remedies; Quin's Pharmacopœia; Simpson's do.; Hahnemann's Organon; Jeane's do. Practice; Jahr's Manual; Hering's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broocke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Croserio, Eustaphievs, Everest, Green, Herring, Des Guildi, &c. Medicine Chests for sale as above. O. C. is agent for the Homœopathic Examiner, by A. Gerard Hall, published monthly in New York.

My 12—

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A. 13

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a pleasant village, near the centre of the State of New York, not 20 miles from the city of Utica, and having a liberal share of patronage, will dispose of his situation on liberal terms, consisting of a village lot, an elegant dwelling house and office, barn, carriage, and other out-houses, &c. &c. All of which will be disposed of on easy terms to the purchaser. Address the editor of this Journal, *post paid*.

Jy 14—4m

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, DECEMBER 1, 1841.

No. 17.

EXPERIMENTS ON THE DEVELOPMENT OF VACCINE VIRUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication was addressed to me in a letter by John C. Martin, M.D., in 1835. Dr. Martin resided at that time in the town of Attleborough, in this State. The experiments which he made, as described in his communication, appeared to me to be so interesting and important, that I urged the publication of them at the time. But he declined then to publish them, on account of the excited state of feeling which his devotion to science gave rise to, in the village in which he resided. So great was the excitement of public feeling, which, I am sorry to state, was promoted in no small degree by his medical brethren of the place, that Dr. Martin lost his practice, and was compelled to seek a new location where he might practise his profession, and exert his talents for the benefit of medical science and the alleviation of human suffering. He removed to Greenville, Illinois, and has already obtained an extensive business, and established a reputation, which his talents and devotion to medical science justly entitle him to. Having read of the success of the experiments instituted by Dr. Creely, of England, in re-producing the vaccine virus by inoculating cows with variolous matter, he wrote me a note in January, 1840, and requested me to hand you his statement of his experiments for publication in your Journal. I regret that his letter containing it had been mislaid, and that I have not been able, in consequence, to comply with his wish until the present time.

Dr. Martin, as well as others of the faculty, had been convinced that much of the vaccine virus in use was spurious—that having passed through so many individuals of different constitutions and habits of body, it must have lost some of its essential qualities, and that the numerous instances of the occurrence of smallpox in persons who had been vaccinated, were to be attributed to this deterioration of virus. It was this conviction that induced Dr. Martin to undertake and prosecute the experiments which he has detailed in his paper.

He adopted the theory of Jenner, of Barron, of Sunderland, and others, “that the vaccine disease was merely the effect of the variolous poison upon the system of the cow.” And had he been supported and encouraged by his professional brethren to prosecute his experiments, instead of being opposed and embarrassed, he would have gained much of the credit which has since been obtained by his distinguished professional brother in England, and would have had the honor of settling the ques-

tion of the true source of the vaccine disease. The following is the communication of Dr. Martin referred to above, and should the Journal containing it be read by him, I hope he will excuse the long-delayed publication of his paper, for the reasons stated by his friend and correspondent, *Boston, Nov. 17, 1841.* J. D. F.

Sir,—The following experiments may not be uninteresting to you. They were undertaken for the public good and for the benefit of science. And although I have suffered severely in mind and in purse, for making them, yet I am not sorry that the act has been committed; and all that I regret is, that I am not located in a community, and surrounded by medical men, who can duly appreciate my motives, and encourage me in prosecuting a series of experiments which I feel convinced might lead to successful and happy results.

A case of smallpox, in its worst form, having appeared in Attleborough, where I reside, and having myself, like many other physicians, failed in obtaining fresh and pure vaccine virus, and having, moreover, witnessed and read of the frequent failures of the vaccine disease, as an antidote to the attacks of smallpox, I became exceedingly desirous of obtaining the virus directly from the cow. It is true that the source of the cowpox virus is, and always has been, a matter of theory. Jenner, in his time, and many physicians of later times, imagined, and supposed themselves to have proved, that pure vaccine matter was the result of the action of smallpox in the cow. I have been anxious to determine this point—so that should the theory prove to be true, physicians of this country might have it in their power at all times to obtain matter which would prove to be a more perfect prophylactic against variolous poison, than that which they are now obliged to use.

In order to test the theory fairly, I purchased a fat, healthy cow, eight years old, shut her in a stable, and fed her scantily for a few days. I then obtained some variolous matter from the individual who was sick with the smallpox, and who had been laboring under the disease eleven days. With this matter I inoculated the cow on the 2d day of October, 1835, in the following manner. I made, with a common lancet, fourteen or fifteen punctures in one of her teats between the cuticle and true skin, taking care not to draw blood. I then inserted into these various punctures quills charged with the variolous virus. The wounds soon disappeared, and presented no appearance of being variolated until five days. On the *fifth* day the animal seemed to show some indisposition, and on examining her teat I discovered one small elevated spot at the point of insertion of one of the quills, and an evident febrile heat in the teat, when compared with those not inoculated. This increased febrile heat continued for about forty-eight hours, and then subsided. During this time the animal lost her appetite, became thirsty, her milk ceased to be secreted, and her teat began to swell.

On the *eighth* and *ninth* days a regular pustule was formed at the point inoculated, the margin of which contained some thin, light straw-colored fluid. On the *tenth* day the pustule had increased in size and become more prominent, and was distended with matter. At this period it was not regularly round, but presented an uneven surface. On the

eleventh day, an evident change had taken place in the appearance of the pustule, it having begun suddenly to dry up. On the *thirteenth day* the virus had become solid, so that the pustule was converted into a crust, or scab, of a dark-brown color.

Besides introducing the smallpox virus into the udder, I inserted some also into a puncture which I made on the hip of the animal. This resulted in a sore and in the falling off of the hair. This inoculation produced no pustule or eruption, save at the point of insertion, so far as I could discover.

I now determined to insert some of this new generated matter into the human system, and observe its effects. Accordingly, I selected a healthy boy, aged 10 years, for the subject of my first experiment; and on the evening of the 12th day of October (the day I took some virus from the cow, being the 10th day of the existence of the pustule), I inserted some of this virus into the boy's arm in the same manner as in practising common vaccination. The symptoms resulting from the operation were the following. The virus lay dormant four days. On the *fifth day* a slight inflammation or red spot arose around the point of insertion. From this period the vesicle ran its course, like the common vaccine vesicle, was characterized by a well-formed and regular areola, and in due time was transformed into a perfectly round, mahogany-colored scab. The boy exhibited but little indisposition during the course of the disease, except headache, and he continued to play with his fellows about the street, and I saw no symptoms in his case which do not attend the vaccine disease in its various stages. It should be mentioned, however, that two or three small pimples appeared on the boy's face and arm. These did not fill, but soon dried and disappeared.

While observing the rise and progress of this disease, I had no doubt that the eruption was like, and that it was, the true and perfect vaccine vesicle. In order that I might not be deceived, however, I took the boy to Providence, and exhibited his arm to two physicians of that place, Drs. Brownell and Toby, both of whom pronounced the eruption to be the perfect vaccine, and gave me their opinion in writing to this effect. Having satisfied myself of the nature of the eruption produced in the boy's arm, I took matter from it on the *seventh day*, and inserted some of it into the arm of my own child, which was five months old. On the *fourth day* a red spot appeared around the point of insertion, a vesicle was formed and observed the same course, and presented the same appearances, as did that on the boy's arm, from which the virus was taken. The areola, perhaps, was not quite so regular as in the case of the boy—and the febrile excitement was greater in the child, which I attributed to its natural irritability of temperament. There were in this case a number of secondary eruptions on the surface, resulting from the vaccination.

The *third subject* vaccinated was also an infant. This child I vaccinated with matter from my child's arm on the seventh day of the disease. This child's symptoms were similar to those presented by my own child; they were, perhaps, rather more severe. The areola was not so perfect, and there appeared on it a greater number of secondary vesicles which became filled with fluid. The *fourth individual* vaccinated, was a boy

four years old. The virus with which I vaccinated him was taken from the arm of the child whose case I last described. The symptoms attending this case were similar to those presented in the preceding one—except that they were more severe. The areola, however, was not so regular, and the vesicle was rather more imperfect, and a greater number of secondary eruptions presented themselves on the body—some of which filled and formed crusts.

I will not trouble you further in describing cases. The whole number of persons I vaccinated was twenty-three, and the cases above described will give you a notion of the character and progress of the others. I will remark, however, that I think the last individual vaccinated had the disease more severely, as the matter used in producing it was more remotely related to the cow.

Such have been the results of my experiments, and I should feel highly gratified and honored with your opinion respecting them.

Very truly your friend,

J. C. MARTIN.

PES EQUINUS VARUS CONGENITUS OF THE RIGHT FOOT.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 22d, 1841, Mr. ———, aged 55, of Boston, placed himself under my care with a deformed foot, which has afflicted him from birth. When he stands the heel is elevated six inches from the floor. The great toe is turned up, so as to render it impossible for him to wear any kind of shoe. (See fig. 2.) The ham-strings are shortened, so as to keep the knee permanently bent. By inquiring into the history of this case, I find that some of his relations are affected in a manner not very dissimilar. There seems to be a hereditary predisposition, in this family, to a contraction of the muscles, particularly of the hands, feet and back. I have now a niece of this gentleman under my care, who has been troubled with contraction of the small toes, so as to produce much inconvenience and pain in walking. I have divided the flexor tendons of some of them, which enables her to walk with ease. She also has a lateral curvature of the spine, arising from the unnatural contraction of some of the associated muscles of the back. She has been at the Infirmary, pursuing orthopedic exercises, about six months, and is very much improved; the deviation is now very slight. Six months more will entirely correct the deformity, and restore her to perfect symmetry. This case is mentioned, as one of many others, where particular deformities run in particular families. I have now under treatment a boy, who has two club-feet of the worst kind. His father has two of the same kind. His uncle, who is now dead, had two, his grandfather one—seven in one family. I have also a lad under treatment, in whom the ham-strings of the left leg are shortened, the knee permanently bent to a certain extent, and the left foot so much distorted as hardly to be recognized as a human foot. It may be technically called *pes equinus varus*. M. J. Guérin, of Paris, would denominate it *l'équin varus*—a combination of two distinct species of club-foot, united under one generic term. But even this complex technicality does not give

an idea of the extent of the deformity in this case. The foot may be considered as an exaggerated and varied condition of two species of club-foot, viz., *pes equinus* and *pes varus*, combined. This lad has a sister with one foot somewhat similarly affected, and a cousin with both feet. But enough of family idiosyncrasies. I will proceed with the report of my case.

The gentleman of whom I was speaking cannot be said to have walked for the last ten years. He has only been able to hobble across the room, and into the adjoining house, by the aid of a crutch and cane, resting his weight partially on the outside of the metatarsal bone and joint of the little toe. The foot is shorter than its fellow, and the entire limb is shorter and very considerably smaller than the healthy one.

This day, July 22d, I divided the tendo-Achillis, and the extensor tendon of the great toe, in the presence of Dr. J. W. Gorham. The divided ends of the tendo-Achillis separated two and a half inches at once. My usual apparatus was immediately applied—the foot-board having been first perforated, so as to admit a strap for the purpose of reducing, and confining the great toe in a natural position.

Sept. 1st.—The heel is perfectly down, and he treads fairly on the sole of his foot. The toe was immediately brought straight, and has continued so. It was necessary to confine it but a few days. (See fig. 1.)

FIG. 1.

FIG. 2.



Oct. 4th.—Put on a boot with a steel support on one side, and directed him to walk as much as he could.

The knee still inclines to bend forward, but he can bring it straight by volition. He walks rather imperfectly at present, but this is not to be wondered at, as his leg has been out of *employ* for many years. It will acquire strength by use, and there is no doubt but he will walk well in the course of a few months. He has no reluctance in representing his own case as it *was*, and as it *now is*; and his name may be known by inquiring of me, 65 Belknap street.

J. B. BROWN.

IRREGULAR PRACTITIONERS, &c.—MASS. MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If I understand correctly the regulations of the Massachusetts Medical Society, they require all practitioners of medicine and surgery who have received their license or diploma in any place out of the State, and who come into Massachusetts to practise medicine, to make application for license to the Censors of the Society, or connect themselves with it.

If they do not conform to these requirements they are irregular practitioners, and in point of fact stand in the same relation to the community as empirics. Consequently it is not lawful for us who are Fellows of the Society, to consult with them, nor can they collect their charges for attendance any more than quacks.

Now, Sir, it is a notorious fact that there are some gentlemen engaged in the practice of medicine in this State, who come within the list proscribed in the by-laws of the Society. Having received their license or diploma in other States, they are not legal practitioners in this. It is not unfrequently the case that the Fellows of the M. M. Society are called upon to consult with these men; and what shall be the course of procedure? Shall we refuse, or give consent? The first is, most certainly, the most proper way, but in some instances this will be unpleasant. Some of these gentlemen, for aught we know, are respectable in character and attainments; perhaps among them may now and then be found a particular friend. Under circumstances of this nature, our feelings must be severely tried.

But suppose we consent to a consultation. This would not only violate the laws of the Society, but give these persons an advantage over us: for as they are not responsible to any man or body of men, they may recommend and use quack medicines, consult with, aid and abet quacks (instances of which I have known), in short, make use of the most ungentlemanly and dishonorable means to secure business, and do anything which does not come within the scope of the fangs of the law, passing along unscathed as the veriest quack in the universe.

It appears, therefore, there are but two courses for us to pursue in respect to these persons—first, to invite them, as we frequently have done, to connect themselves with the M. M. Society, as Fellows or Licentiates, and become amenable to its laws. If they decline, then let the community know we cannot consult with them, giving the why and wherefore in plain English, and add also the very important fact that they (the community) are under no legal obligation to pay them for their services. Let this be done, and we shall have no more trouble with *irregular practitioners*.

November, 1841.

JUSTITIA.

IMPROVED TRUSS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—You will excuse the liberty I have taken in addressing to you this communication. The desire I have that those who may be suf-

fering, as I *formerly* have suffered, from hernia, may be benefited by my experience, will in some measure palliate the fault.

In the year 1831, while abroad, in thoughtlessly climbing a steep acclivity, I had the misfortune, in straining to gain its eminence, to produce a rupture. Although I was sensible I had received an injury, from a quick pain and sudden prostration of strength at the time, I could not comprehend the extent. When I returned to New York, about four months after, I was sensibly affected, for some time, in the lower abdominal regions on the right side, just above the *scrotum*, but thought, as I formerly had a swelling there arising from another cause, this might be a recurrence of the same. Finding, however, that the protuberance was not painful to the touch, and that it could be pressed back into its proper position, and when held there I was much eased, I concluded it must be a case of *hernia*, and applied to a celebrated truss-maker to affix an apparatus proper for the case. The one I procured had a moveable pad to cover the rupture, and an immoveable one to rest on the upper portion of the sacrum. (See fig. 1.) I wore this with great difficulty for some time, as the inconvenience was such I could not endure it, and procured another upon the same principle, wearing it with the same success. I then applied to another truss-maker, who gave me one with a moveable pad, and the elastic band passing round to meet *almost* the cushion when adjusted. (See fig. 2.) This was much better, yet still I felt much galled by the machine, and in endeavoring to bend the apparatus to suit my views of its adjustment, I broke a considerable portion of the end of the spring off. (See fig. 3.) I tried it on in the mutilated state, as I thought it was, and found it *fitted well*, but could not retain itself in its position; and the idea suggested itself to me at once how I could overcome all difficulties, and make the machine perform the *cure*, and at the same time be no inconvenience to me, but rather produce an easy sensation from its adaptation to the motion of the parts it covered, and a complete strengthener of the lower abdominal muscles. The truss I had procured was merely covered with soft kid leather, affixed to it by some glutinous substance. This I found became hardened from moisture in perspiration of the parts; and to remedy this defect, I neatly covered the whole machine, pad and all, with Canton flannel (cotton), with the woolly side out to meet the skin, padding that part of the spring which came in contact with the flesh with soft cotton wool, partially, but fully towards its terminus opposite the hernia pad (for about nine inches). To the ends of the machine (see fig. 4) I affixed two *silver* rings, about the size of finger rings, made of round silver wire soldered together. These I sewed on tightly, and so as to lay flat upon the skin, when adjusted, and rove through them a piece of linen tape one inch wide, and about one yard long, first properly fixing the machine upon my body, the cushion or pad covering the rupture, and the other end resting opposite to it upon the upper edges of the gluteus muscles of the right thigh, so as not to be affected by their motions, and immediately under the centre of the crest of the iliac bone. I then tied the tape in a single knot (the ends in a bow knot afterwards, to prevent their length incommoding me in wearing it) in the *middle* of the space between the two rings, letting the tape or ligature in the centre, where the

knot is, *rest* in a measure upon the anterior portion of the crest of the iliac bone to sustain it in its position, tying it loose or close to suit my own convenience.

I have thus worn this machine for say ten years, and I must say I never have felt any inconvenience arising from it, but rather a pleasure, and that all the purposes for which a truss is required have been fully performed by it, as I have been well of the complaint for some six years or more, although the habit of wearing the instrument has become so much a second nature with me that I realize a pleasure in retaining it, and a great strengthener in walking and riding. I am in no wise affected by severe coughing, or by blowing the flute for hours together. If you think it can be of any use in your practice or in that of any of your professional brethren, it will be a pleasure for me to think that any alleviation has been made in the adaptation of an instrument so much needed and in such general use as the *hernial truss*.

Since writing the above, I have seen the pattern of a machine somewhat similar to the one I use myself; but I must confess I do not think it possesses its advantages. (See fig. 5.) I refer you to the diagrams, with notes, accompanying this, for explanation.

FIG. 1.

FIG. 2.

FIG. 3.

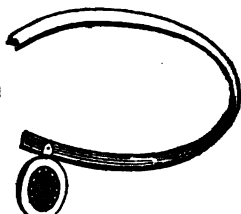
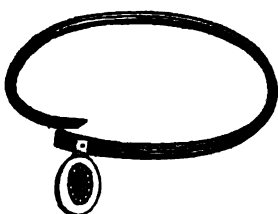
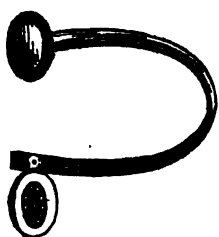


FIG. 4.

FIG. 5.

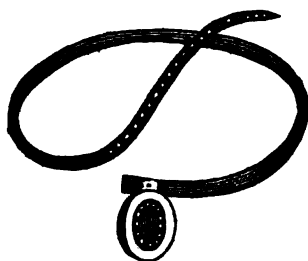
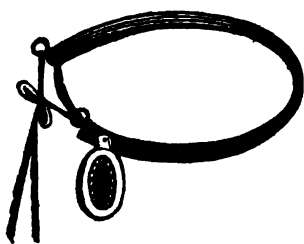


Fig. 1. Is too painful, on account of the pressure upon the *sacrum* at a given point by the immovable pad.

Fig. 2. Is an improvement, but has the stiffness of No. 5, without the power of fully retaining its position with ease to the patient, and being without unyielding to the natural motions of the parts to which it is adapted.

Fig. 3. Is an improvement upon No. 2, but is still inconvenient, and does not possess the advantages and ease of adaptation to the motion of the parts of the one I have recommended.

Fig. 4. Is the pattern of the one I wear myself, and its advantages are—First, the pad being moveable, is by means of the adjustment of the apparatus kept fixed immediately upon the orifice of the rupture, and enabled to adapt itself to the motions of the lower abdominal muscles, &c., being never displaced by any violent exercise that I have known, but always retaining its position as first placed until removed. I am in the habit of taking off the truss when I retire for the night, and replace it when I rise in the morning, to give the compressed parts ease during rest. Secondly, the truss is kept in its place, and not allowed to chafe the parts it covers, by the ligature rove through the rings, and fastened in a knot. The covering of the machine and pad can be of flesh-colored silk velvet or plush, and the ligature of the same colored silk braid, to suit the patient, &c. Thirdly, the rings affixed to the *upper* edges of each of the termini of the springs, allow the ligature to play and slide through them easily, and by this means permit the whole machine to adapt itself easily and compactly, without friction, to all the movements required by the parts—acting upon the same principle with the ligature as ropes and blocks do to the tiller of a vessel, easing all its motions, and keeping the rudder (the pad covering the rupture answering to it here) steady and secure, and at the same time supporting the whole fabric.

New York, October 23, 1841.

Yours, with respect,

ISAAC I. GREENWOOD, 71 Warren st.

STRICTURE OF THE SMALL INTESTINES—ANOMALOUS CONDITION OF THE KIDNEY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you may think the following of sufficient importance to merit a place in your valuable Journal, it is at your disposal.

Mrs. Sophia H—, aged 28, mother of one child, which was six years old at the time of her attack, was taken in the spring of 1838 with tenderness of the abdomen on pressure, with red and smooth tongue, febrile exacerbations though somewhat slight at first, but increasing progressively for three or four weeks, appearing to be but little benefited by remedial means. The case was then supposed to be inflammation in the mucous membrane of the *primæ viæ*, which no doubt was a correct diagnosis. The pulse were in general not above 80, but rather small and contracted; a rosy flush was daily apparent on the cheek, with pallor of the other parts of the face. Within four or six weeks from the first symptoms, she was confined to her bed, which confinement continued for about four months. During this whole time, and while indisposed previous to confinement, the most intense interest was excited in her case, and the counsel of several of the most skilful physicians in the vicinity was solicited and obtained; but all prescriptions appeared to be alike futile. During this long period, her appetite was quite good, but the mildest iagesta, even in a liquid form, was quite apt to produce severe distress at the stomach, and induce a febrile paroxysm. A laxative of the mildest kind almost invariably produced febrile irritation; but olive

oil, combined with Venice soap, molasses and water, proved the least irritating of any that we could devise. Local bleeding and counter-irritation gave little or no relief. Acetate of morphine alone, and combined with ipecac., tart. potash, and other refrigerant medicines taken in mucilage, would produce almost no abatement of the symptoms, or any of their legitimate effects upon the constitution. Acetate of lead, combined with opium, was no more successful. A moderate salivation with blue pill produced no abatement of the symptoms. At length, by the advice of my esteemed friend, Prof. Crosby, of Dartmouth College, I administered, three times a day, a draught of a mixture of the solutions of sulph. of iron, and sup. carb. of potash, sweetened and mixed at the time of administering it, producing thereby pure carbonate of iron. Under this treatment the febrile symptoms gradually abated, and from a state of extreme emaciation her flesh gradually improved, and light food would set easier on her stomach. She soon became able to walk in her room, and within a few months had nearly recovered her ordinary weight, could ride in a carriage, and walk about the village; but still her health was quite imperfect, and a little over-exercise would produce pain in the right lumbar region and right hypochondrium. Her appetite continued good, and she ate almost all kinds of ordinary food with impunity. But occasionally, within a few hours after indulging in some article not easily digested, or thoroughly masticated, she would be taken with such violent fits of colic that her life would be almost despaired of before the bowels could be moved by laxatives and enemata; instant relief would be procured by catharsis. From the prostration and debility consequent to these accidents, she would be slow to recover.

I come now to another circumstance in this case, which to me appears altogether the most interesting in a pathological point of view. Soon after her confinement to her bed, as above stated, she called my attention to a tumor which she discovered projecting from under the ribs, about mid-way between the linea alba and the angle of the ribs on the right side. It appeared dense to the feel, and about two or two and a half inches in diameter, convex where it approached the parietes, and could on slight pressure be removed into the concavity of the diaphragm beyond the reach of touch. It could be felt only when she was lying on her left side; then it would sometimes be found as low as the right iliac region, and sometimes partially under the umbilicus. It was tender on firm pressure, and its locality could be easily changed by changing the position of the patient, or by gentle pressure. All the physicians whom I had in consultation supposed it a morbid enlargement of some originally small gland, or adventitious production, attached to, they knew not what organ or tissue; and what connection this tumor had, by mechanical pressure or otherwise, with the irritation and inflammation of the digestive tube, none could be perfectly satisfied. But after she had so far recovered as to be able to ride and walk the streets, the tumor and its latitude of movement had undergone no perceptible change. She continued in this imperfect state of health, with occasional fits of colic on every little indiscretion in diet, until the fore part of August, 1841, when, on slight exposure to wet and cold, being caught in a shower, she was suddenly at-

tacked with inflammation in the mucous membrane of the stomach, with nausea and vomiting, and now with total loss of appetite. Nothing could be retained on the stomach without distress and nausea. Counsellors were again called, but to no effect. She lingered for seven weeks from the time of the last attack, almost without any nourishment except by enemata, and died.

(Her own sister died of inflammation in the mucous membrane of the stomach, at the age of 22. Her own aunt has for several years been confined with irritation and inflammation of the mucous passages.)

Autopsy.—Twenty hours after death a post-mortem examination was made, Drs. I. McNiece and C. S. Downes present. On opening the cavity of the abdomen, instead of an adventitious growth constituting a tumor, the right kidney was, as it were, found loose in the abdominal cavity. The tissues which confined it to its proper locality originally, had, by some unknown cause, become so lax or elongated, that the kidney could easily be carried across the spine to the left without putting any tissues on the stretch. The left kidney was normal in its attachments. Both kidneys appeared of their natural size, and their external and internal appearance was healthy, and the urinary functions had all ever been performed with integrity. On opening the stomach, the mucous membrane exhibited indubitable marks of inflammation, and in some portions it appeared to have been removed, and the coats of the organ so extremely attenuated as to become quite transparent, while other portions were thickened, and the mucous membrane injected and softened. On opening the jejunum and ilium, no traces of recent inflammation could be discovered, but the effects of the inflammation of the mucous membrane of the intestines during her first confinement were very palpable. There were no less than seven strictures between the duodenum and colon, dispersed through the whole length of the small intestines. Some of these were so narrow that they would admit nothing larger than a small pipe-stem, and the strictures, before the intestines were opened, appeared like points around which tape had been fastened, contracting the points of strictured intestine to a small diameter. The strictures, when opened, cut with a cartilaginous hardness, and the texture had a brown dusky appearance. There were no strictures in the colon or rectum, and all the other organs, except such described as diseased, appeared normal. The strictures as satisfactorily accounted for the colic, as the kidney for the tumor.

ISRAEL HINCKLEY.

Corinth, Vt., Nov. 17th, 1841.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1841.

MORAL MANAGEMENT IN PRISONS.

In the benevolent provision for the every-day comfort of the insane in Massachusetts, there is evidence of the benign influences of Chris-

tianity, and the advanced state of civilization, that is delightful to contemplate, aside from all scientific considerations. Neighboring States and communities, also, of late years, happily for the character of the age, have discovered what duty is, in regard to this particular class of unfortunate beings, and are operating slowly, but effectually, to ameliorate their physical condition by a humane system of moral management. But there is one more revolution required, which, if not effected, must continue to be deplored by philanthropists. We allude particularly to the moral discipline of State Prisons and Penitentiaries generally, in the United States. It is a theory of the law, as now administered, that the criminal is restored to society, whose privileges he had forfeited by crime, by the severity of the ordeal through which he has passed. Nothing is more untrue: the liberated convict is avoided, despised, and neglected; and he oftentimes, in view of his prospects, and too often from a recollection of cruelties experienced in prison, commences a warfare against the race, and frequently becomes the tenant of a prison a second time, and perhaps for life.

The cruel severity in some of the State prisons is, therefore, one of the causes of the increase of crime. A law of kindness, administered upon the same broad and just principles that characterize the insane hospitals, would soften the asperities of those wretched outcasts from society, rekindle in their obdurate hearts the emotions of gratitude, and to a great extent redeem them, by an irresistible appeal to their innate sense of duty towards their fellow men.

Cases will present themselves, in which the aberration is so strongly marked, that restraint must be enforced, and in which no relaxation of imprisonment is admissible. But the out-of-sight cruelties practised by brutal, irresponsible keepers, on those who are State criminals, is undoubtedly calculated to irritate them to the highest point of revengeful desperation. Sufficient developments were made at Sing Sing, a few years ago, to convince the community that such dark deeds as were there practised, will be practised in other prisons, when the public eye is not vigilantly kept upon them.

What system of moral management is adopted at this period, in the Massachusetts State Prison at Charlestown? Is flogging, that last remnant of barbarism, which is so much detested as a condemning feature in the law of several States, ever allowed? If the Commissioners of that Institution ever permitted it, what men constituted the tribunal to decide upon the nature of the offence for which a prisoner was to be punished, and who specified the number of lashes he should receive?

The South Boston House of Correction, a State prison in miniature, is conducted on simple, but merciful principles; a blow is never inflicted there. It is a model institution, creditable to the humanity of the city of Boston—and a model school, too, to which prison-keepers might be sent to learn the moral management of convicts, according to the advanced condition of knowledge in this important department of the law of equity.

Surgical Operations on the Uterus.—That learned and indefatigable correspondent, Prof. Portal, of Palermo, has favored us with a manuscript of nearly twenty pages, accompanied by two engravings, upon the surgery of the uterus. It is in the Italian language, and in a difficult kind of chirography; nevertheless, by patient perseverance, we hope to get it into tolerable English for publication. As evidence of the industry of Prof.

Portal, who, it should be recollected, holds several active medical offices of high trust and responsibility under the Government, we may mention that there is now before us a catalogue of his published works, embracing no less than thirty distinct publications, and constituting too long a list to insert in our pages.

Minor Surgery.—A course of lectures on what the lecturer denominates *minor surgery*, is presumed to be now going on, in Philadelphia, by Dr. Coates, as they were advertised to commence about this period. The special object in view is to teach the every-day duties of a surgeon, viz. : The necessary cautions and niceties of management required in bleeding, cupping, leeching, enemata and other injections; the stomach pump; bandaging for retention and pressure; the taxis and instrumental treatment of hernia; the construction and application of ligatures, &c. &c. It strikes us that this is far from being a minor matter: the whole scheme is excellent, and precisely the kind of knowledge that is passed over quite lightly in the regular schools, where great principles, rather than details of manipulations, are necessarily taught. Those who may avail themselves of these lectures, cannot, with any excuse, be bad operators. When the term is closed, since the doctor has a happy tact at writing, we should be right glad to have the essence of the whole in the shape of a small treatise: it would, we venture to predict, sell wonderfully well.

A New Medical College.—A medical college, under the charter of Shurtleff College, at Alton, Illinois, is making preparation for business. The president is the Rev. G. B. Perry, M.D. The faculty will probably be elected soon. From the observations of those in its immediate neighborhood, the prospects of this new school of medicine are quite flattering. Benjamin Shurtleff, M.D., of this city, has been the firm friend of the College from a very early period, and his liberal donations and unremitting attentions to its interests, induced the Corporation to give the Institution the name it now bears. An excellent anatomist and a chemical professor might be selected in Boston, who would give character to those important chairs. First impressions have an abiding influence, and it is necessary, therefore, to engage the highest order of talent for a new institution, in this age of literary and scientific competition.

Infirmiry for the Treatment of Scrofulous Diseases.—The profession will doubtless feel interested in an advertisement which may be found in this No. of the Journal, by Dr. Durkee, who has recently moved to Boston from Lynn, and opened an institution on generous and reasonable terms, for the treatment of scrofulous affections. A subdivision of labor is necessary to perfection in every art and science; and physicians, therefore, in accordance with the spirit of the times, are beginning to practise on this acknowledged principle. One attends almost exclusively to diseases of the eye, another to those of the teeth; some are devoted to the great operations of surgery, and some only attend principally to febrile affections. On this plan there must be skilful men; and the community discover the advantages which a person of experience in any one department, has over one who does something of everything. Dr. Durkee has the confidence of the faculty in this city, and they are individually in

readiness to offer him any advice which the nature of his institution may require. Since he is a man of education, and has long been known as an agreeable and talented writer in this Journal—and since he does not come among us as a vain, presumptuous, ignorant pretender, but stands upon the firm basis of medical knowledge, we candidly recommend him to the patronage of the afflicted, wherever his name may be extended.

Western and Southern Medical Recorder.—No. 1, of a new monthly medical journal, bearing this name, has appeared at Lexington, Ky., under the editorial charge of James C. Cross, M.D., one of the faculty in the Transylvania University. He was formerly in the chair of *Materia Medica* and *Therapeutics*, at the Medical College of Ohio. Of Dr. Cross's ability to conduct the publication, now fairly commenced, there can be no doubt. If the profession at the South and West, for whom he expressly exerts himself, will give that cheerful patronage which the character and importance of the Journal have a right to expect, it will soon become the medium of valuable information, and be looked for with solicitude every month. The leading articles are fine specimens of writing—emanating from sources, too, which will always command the respectful attention of an elevated class of readers. The best service we can do this new candidate for fame, is to republish, from time to time, some of its excellent papers.

Law in relation to Medical Charges in Massachusetts.—Any person who administers medicine, good or bad—replaces bones, whether displaced or not, or in any form whatever acts in the capacity of a prescriber of remedies for disease, can collect his charges for the same in this Commonwealth—the law being now upon the broad principle that he who dances shall pay the fiddler. A correspondent in to-day's Journal, on page 270, is therefore in an error on this point.

Oil of Ergot. DEAR SIR.—I noticed in your Journal of the 10th inst. [copied from Bell's *Materia Medica*], that Mr. Wright has cured two cases of "troublesome diarrhœa," by administering the oil of ergot, although he does not appear to be perfectly satisfied with the rationale of its operation. Perhaps if he had been more familiar with the pathogenesis of his remedy he would not have been surprised at the success of his prescription, nor have been under the necessity of attributing it to any sedative properties in the article. The only wonder in the case is, that he should not aggravate the present sufferings of his patient, or produce some new derangement by the quantity of medicine given. S. G.

November 18, 1841.

The Great Missouriium.—The following more particular account of the skeleton which was alluded to on the 100th page of this volume of the Journal, is part of the last Bulletin of the Academy of Natural Sciences, and is copied from the Philadelphia Medical Examiner.

"Dr. Goddard stated that he had examined the so called 'Missouriium Kochii,' and found it to be a skeleton composed of *Mastodon* bones, most of which appeared to belong to a single set, many, however, having been

superadded, and others mended and glued together in a manner wholly erroneous.

"The following errors were especially noticed :

"*Spine*.—The spine presented the anomaly of 8 cervical vertebræ; and instead of 19 dorsal and 4 lumbar, had 23 dorsal and 10 lumbar vertebræ, making the number of bones in the spine too great by 11. The bones articulated with the 2d and 4th ribs were cervical vertebræ. The space between the vertebræ were much magnified by thick wooden blocks placed between them, and the spine was curved upwards, so as to give an exaggerated idea of the height of the animal.

"*Ribs*.—These were redundant in number, and were spread out as much as possible, so as to present the appearance of a wide and flat chest. The first pair of ribs were stuck on the bones of the shoulder, to resemble clavicles—bones which the Mastodon does not possess.

"*Head*.—The head was that of a Mastodon with the top deficient, and a piece of an ethmoidal ? bone glued on in front to resemble a snout. The tusks were distorted laterally, so as to occupy a space 18 feet in width.

"*Scapula and Iliac*.—These having been deficient, were very ingeniously pieced out with wood, glued over so as to resemble bone.

"*Feet*.—The feet were ludicrously made up of carpal and tarsal bones, and presented the wonderful anomaly of four phalanges in each toe.

"Several other discrepancies were observed ; apart from which Dr. G. considered the skeleton one of very great interest."

To CORRESPONDENTS.—The communications of Dr. Dixon, W. J., and Medicus, of New York city, and of Dr. Wheeler of Providence, will receive early attention.

DIED.—At Sharon, Ct., of typhus fever, Dr. Albert F. Roberts, 42.—At Poughkeepsie, N. Y., Dr. Sturgis Phinney, formerly of New Bedford, Mass.

Number of deaths in Boston for the week ending Nov. 27, 35.—Males, 21; Females, 14. Stillborn, 5.

Of consumption, 5—typhus fever, 3—croup, 1—scarlet fever, 7—lung fever, 1—measles, 2—debility, 1—inflammation of the brain, 1—child-bed, 1—dropsy in the head, 1—paralysis, 1—pleurisy, 1—intemperance, 1—fits, 2—palsy, 1—bronchitis, 2—cancer, 1—dropsy on the brain, 1—marasmus, 1.

HOSPITAL IN BOSTON FOR SCROFULA.

SILAS DUREE, M.D., Member of the Massachusetts Medical Society and of the Boston Medical Association, having been in practice fourteen years, and having had constant opportunity for three years to attend to the diversified forms of Scrofula while in charge of the Hospital Department of a charitable Institution in Portsmouth, embracing more than one hundred inmates, respectfully announces that he will devote special attention to the treatment of that disease. He has taken the large and convenient house No. 26 Howard street, Boston. The location is retired and airy, with every accommodation for invalids from abroad. He has also made ample arrangements for administering medicated baths, and for the general treatment of patients according to the methods most approved by the profession in this country and Europe. Board from \$3.00 to \$5.00 per week.

Boston, Nov. 23, 1841.

D. 1—cop6w

INSTRUMENTS.

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All orders from the country carefully and promptly executed.

D. 1.—6m

REMOVAL.

A. F. BARTLETT has removed to No. 3 Winter, corner of Washington st., where Dr. Chapin's Utero-Abdominal Supporters may be obtained as improved by Mr. B.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION 1841-42.

THE Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	NATHANIEL CHAPMAN, M.D.
Chemistry, by	ROBERT HARE, M.D.
Surgery, by	WILLIAM GIBSON, M.D.
Anatomy, by	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	HUGH L. HODGE, M.D.
Clinical Lectures on Medicine, by	W. W. GERHARD, M.D. and
“ on Surgery, by	DR. GIBSON and HORNER,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.
 Aug. 20, 1841. A 25—tDecl Dean of the Med. Faculty, 263 Chestnut st., Philadelphia.

TO PHYSICIANS.

A PHYSICIAN in one of the most pleasant villages in the State, about 30 miles from Boston, wishes to dispose of and leave his situation. Practice from \$1500 to \$2000 yearly. For particulars, address the editor.
 Nov. 24—3x

RESPIRATORS.

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 N. 17—cop3m H. I. BOWDITCH, 8 Oils place.

MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDERSON'S Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunse on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Laycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millingen's Curiosities of Medical Experience; Plümbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretaus on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

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JACOB BIGELOW,
EDWARD REYNOLDS,
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JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Romans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.
 Boston, April 14, 1841.

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pp. 281-296 are wanting.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXV.

WEDNESDAY, DECEMBER 15, 1841.

No. 19.

DR. PAINE'S INTRODUCTORY LECTURE.

[Continued from page 286.]

SINCE, therefore, every disease consists fundamentally in some alteration of the properties of life, you will at once perceive that physiology is the most important element of medical education. Its knowledge necessarily involves that of anatomy, and all practice, which does not constantly refer to the tissues diseased and to the modified conditions of the vital properties, is purely empirical. Empiricism, however, may be of an enlightened nature under the direction of *rare* genius; but, in all other hands, it embarrasses nature, and is a curse to mankind. Of this you will meet with demonstrations in your professional intercourse. You will also occasionally witness the triumph of mind over the most absolute defects of education. In all such instances, however, you will see it glancing at the whole array of symptoms, and forming its conclusions from nicely balanced combinations of the whole with that store-house of experience which is garnered up as a necessary guide to the solution of every new problem. These problems are as various as every case of disease, and as every variation it may undergo during its decline, or in its advances to a fatal termination. Thence is it, that without our fundamental requisites, genius, combined with observation, must be often at fault; and it may be difficult to say whether its success will compensate for its failures and mistakes.

But, qualifications of this order are rare examples, and the most usual consequences of deficiency in anatomical and physiological acquirements, are the most appalling ignorance of disease and a frightful destruction of human life.

Let us call up another large and better class of practitioners—educated, and often erudite men, but who make not a proper application of their knowledge—as was well said of Broussais, on Monday evening. The special evil with this class, if we except the Broussaïans, consists in not regarding the properties of life as they are naturally modified in the various textures of the body, and in not considering disease as consisting essentially in morbid alterations of these properties. This class embraces many of the most distinguished men of our age, and their train of followers, especially in Europe, makes up no small part of the profession. They have generally but an imperfect apprehension of the properties of life, and whilst they allow of their existence—nay, more, whilst many of them maintain the extraordinary doctrine of their existence in the

elements of matter, by the strangest contradiction, and in violation of that fundamental principle in philosophy which prohibits an unnecessary multiplication of causes, they maintain that all the great vital processes, all the secretions, &c., are carried on by the forces which govern dead matter, and of which the *chemical* are supposed to be mainly instrumental.

This doctrine shuts out, *of course*, all true pathology; and yet are these the philosophers who are now most ardently engaged in developing those lesions of organization which result from morbid processes, but in the production of which it would seem to be sufficiently obvious that totally different causes have been concerned, than such as prevail in the inorganic world. Many of them have also gone back to an opinion which prevailed in the dark ages, that all disease consists essentially in a primary lesion of organization, but without revealing to us any more than their benighted ancestors, how those changes of structure come to pass. But, as if for the *purpose* of multiplying causes, and of placing them in the same relative contradiction in which they have arrayed the vital and chemical forces, they have also gone back to the humoral pathology, and whilst they tell us that the essential cause of disease consists in a lesion of organization, which is independent of all agency of the vital properties and of the forces of chemistry, they also affirm that its essential cause consists in a vitiated state of the blood. I will not now tell you of the practical conclusions which have been founded upon this utter confusion of causes.

The *physical* doctrines of life have had their sway at various eras, though especially characteristic of our own age; and the humoral pathology had been an appendage of almost every system till the beginning of the last century. It was then that *solidism* began to rise with the radiant beams of *that vitalism* which gave animation to medicine from Hippocrates to Celsus, and before which the humoral pathology was but as a *withered weed*, until finally, after many centuries of stunted growth, it was plucked up and forgotten. The appearance of Hunter and Bichat swept away every vestige of that philosophy which had so often disfigured the science of medicine. Tiedemann, and other illustrious vital physiologists, followed in the wake. You may know their philosophy by a single passage from the great German physiologist. "Already," he says, "it has been more than once attempted to deduce life from the laws of mechanics, physics, and chemistry. This error has been committed," he goes on, "by physiologists and physicians of the iatro-mathematic and iatro-chemical schools. But, in every age, distinguished naturalists discovered this error and opposed it."

"Among *physical* people," says Hunter, "we find such expressions in *common* use, as, the humors are affected in the blood; sharp humors in the blood; the whole blood being in a bad state; the whole blood must be altered, or corrected; and a variety of such expressions, *without meaning*. They even go so far as to have hereditary humors, as *gout*, *scrofula*, &c., and make us the *parents* of our own humors, saying that we *breed bad* humors. In short, the *whole theory* of disease has been built upon the supposition of humors in the blood, or of the *blood itself being changed*. I cannot conceive," he adds, "what is meant by it." But,

what Hunter avows he could not comprehend, is now consecrated as the *science* of medicine.

But perhaps Hunter was dull of apprehension, though he studied organic nature more extensively, and more laboriously, than any other man, before or since. If we consult the opinion of Bichat upon the same physical doctrines of life and disease, we shall still find that their successors are apt to consider dullness of apprehension to consist in the ratio of genius and observation. "To *what errors* have not mankind been led," says Bichat, "in the employment and denomination of medicines? They created *deobstruents*, when the theory of *obstruction* was in fashion—and *incisives* when that of the *thickening* of the humors prevailed. The expressions of *diluents* and *attenuants* were common *before* this period. When it was necessary to *blunt* the *acid* particles, they created *invincants*, *incrassants*, &c. Those who saw in diseases only a *relaxation* or *tension* of the fibres, the *laxum* and *strictum* as they called it, employed *astringents* and *relaxants*. *Refrigerants* and *heating* remedies were brought into use by those who had a special regard in diseases to an excess or deficiency of caloric. The same *identical* remedies have been employed under *different names*, according to the *manner* in which they were supposed to act. *Deobstruent* in one case, *relaxant* in another, *refrigerant* in another, the *same* medicine has been employed with all these opposite views; so true is it that the mind of man gropes in the dark, when it is guided only by the wildness of opinion."

But, what Bichat thus describes as having only *successively* prevailed at different eras of medicine, is now bodily incorporated into the science, and constitutes, in Europe, especially, its whole essential feature. Were this kind of medicine truly founded in nature, you readily perceive that it would be useless for me to do more than simply to state the facts, and that my course of instruction might properly terminate with this introductory lecture. There would be *no principles*, *no institutes*, *no laws*, *no variety* to expound; and we might lie down at once with Brandreth and Morison.

Bichat, having drawn the portrait of his predecessors and of many contemporaries, which I have just exhibited to your observation, is then led to apostrophize:—"Hence," he says, "the *vagueness* and *uncertainty* our science presents at this day. An *incoherent* assemblage of *incoherent* opinions, it is, perhaps, of all the physiological sciences, that which best shows the caprice of the human mind. What do I say? It is *not* a science for a *methodical* mind. It is a shapeless assemblage of inaccurate ideas, of observations often puerile, of deceptive remedies, and of formulæ as *fantastically* conceived, as they are *tediously* arranged."

Such, then, was also Bichat's obtuseness of apprehension. But, gentlemen, neither Hunter, nor Bichat, nor Tiedemann, nor any of their great compeers in the investigation of nature, were the *dunces* which the hypotheses of our own day would declare them. An *Augean* work was then accomplished by a *stream* which may be now and then obstructed, but which will forever break up the barriers, and sweep away the offals that may accumulate in the dry channel below.

Hunter expounded, more amply than his predecessors, the doctrines of

life, and founded upon them the only true systems of pathology. His masterly analysis of inflammation exemplifies the whole range of disease, and its philosophy lies at the foundation of the whole; though I by no means intend to imply that all diseases are inflammatory. But, if it be true that inflammation is essentially constituted by morbid changes of the vital properties and functions, then may the same affirmation be made of every other deviation from a state of health. This will be rendered apparent hereafter, when I come to speak at large of the laws and the analogies of nature. It was Hunter, also, who first disclosed the modifications or peculiar conditions of the properties of life in their relation to different organs, and the different tissues of the same organ.

Scarcely had this extraordinary man disappeared, when Bichat took up the great subjects, and carried the whole world before him. His doctrine of life, and the pathology which is founded upon it, recognizes no physical agencies beyond those foreign causes which maintain the vital powers in operation, or which convert them from their natural to morbid conditions. He analyzed the vital principle more extensively than had been done by Hunter, and though deeply indebted to this philosopher, he pays no tribute to his unexampled labors or his exalted services. But nothing can impair the claim which mind establishes to its own property. It is as immortal as the spirit which gives it birth; and though it be for ages entwined in the laurels of others, it will ultimately light on the memory of him who enriched mankind in enriching himself.

Bichat, however, makes the capital and contradictory mistake, like most other vitalists, of regarding life as an *effect*, or as consisting of the assemblage of those phenomena which result from the operation of the vital properties, in their connection with the instruments of action. This construction, as we shall see hereafter, is not only philosophically wrong, but practically bad. If, for instance, life be made up of the *functions* of organization, we should regard disease with a simple reference to the functions, and these are so clearly *effects*, there would be no tangible cause through which our remedies might operate, whilst no office appears to be assigned to the admitted vital properties. But, as there must be clearly *something* altered from its natural state anterior to functional derangement, we must allow that the primary cause consists in a change of the properties which preside over the functions.

Bichat, however, was sometimes inconsistent, and perhaps more so upon the great subject before us than upon any other; for, although he endeavors to show that life is constituted by the functions, he argues that disease (which is only an unnatural state of life), is constituted by a morbid change of the vital properties. Nay, in the following extract he makes life itself to consist in the vital properties, and regards the functions merely as *effects*, of which the vital properties are the *cause*. Thus:—

“Examine,” he says, “*all* the physiological and *all* the pathological phenomena, and you will see that there is *no one* which cannot be ultimately referred to some one of the vital properties of which I have just spoken. The *undeniable truth* of this assertion,” he goes on, “brings us to a conclusion *not less certain* in the treatment of diseases—namely, that every curative method should have for its object the restoration of the

altered vital properties to their natural type. Every remedy, which, in local inflammation, does not diminish the augmented irritability; and which does not diminish animal contractility in convulsions, and elevate it in paralysis, fails in its object, and is contraindicated."

Here, then, Bichat teaches the philosophy which will be fundamental in *my* lectures. It was essentially at the foundation of all *his* pathological writings; and it is therefore the more remarkable that he should have been so speculative and contradictory when treating specifically of life.

Bichat's career was brilliant, and though dead at 31, he lived, like Hunter, to enjoy the ripest fame. He was, however, but a meteor-light; dazzling for a moment, and *then* extinct. He was one of the last of a galaxy, who had so illuminated the field of medical philosophy, as left but little else for the aspirations of ambition—following the beaten path of nature—than to accumulate facts and to arrange them under established principles. This occupation is too humble for the restive ardor of genius, and too servile for the purposes of renown; and facts had already amounted to an encumbrance. It is not, therefore, remarkable, that when the great work had been brought near the verge of completion, giants should spring up to overthrow the fabric, and erect a new edifice upon its ruins. The revolution began simultaneously in different parts of Europe, and under different aspects. But, so many powerful and ambitious minds had been in operation for ages, ingenuity had not only exhausted fundamental principles, but every imaginable hypothesis. The former being the last in the series, it only remained to reproduce exploded and forgotten doctrines. The most important of these were the physical and chemical doctrines of life, and the humoral pathology. Chemistry, too, was now in the ascendancy amongst sciences; and the brilliant discoveries which it was pushing in the inorganic world promised a harvest of *fiction*, if not of *fact*, in behalf of the crude hypotheses of darker ages. Physiologists, therefore, became practical chemists, and chemists became speculative physiologists; and for more than twenty years past, the study of organic life, and the philosophy of disease, have been mainly carried on in the test-glass and crucible. The blood, the secretions, and every part of the animal fabric, have again and again passed the ordeal of the laboratory, in the vain expectation of discovering the springs of life, or the essence of disease. The laboratory now copes with nature in its artificial compounds for the digestion of food, and the very furnace is brought into operation to manufacture a fluid which, it is pretended, is not inferior to that product of the stomach which results from an organization as various as the species of animals, and according to their habitudes in respect to food, and whose contrivance for this specific, variously modified, *vital* fluid, required the Mind of an Almighty Being. And this is but a *fair* example of the modest ambition of chemistry.

But, *who* are the philosophers that thus invade the sanctuary of life? Learned, laborious, and useful; but are they familiar with organic beings? Do they study their phenomena? Can they tell you a *stomach* from the bladder, when both are before them? Can one in a thousand distinguish pneumonia from enteritis? The replies are too obvious to be stated. *They live in the laboratory*, which, in their estimation, monopolizes all

the vitality that is worth a philosopher's attention. They will solve you any of the most hidden secrets of organic beings. Are you curious to know how the various unique constituents of the bile are elaborated out of blood? Nothing, say they, is easier. Here are they all—picromel, cholesterine, asparagin, ozmazome, resin, bovin, oleate, acetate, margarate, cholate, bicarbonate, phosphate, sulphate and hydrosulphate of soda, potash, &c.—all here in the blood—when, in simple truth, not one of them have an existence in that fluid. So is it admitted by some of the chemists, and so is it proclaimed by the laws of organic beings. They are no more in the blood than is the poison of the viper or the ink of the cuttle fish.

Then the *admirable* simplicity of the manner in which we are told these exact constituents are separated from the blood to make up the bile—whose final causes illustrate so strikingly the evidences of design, is worthy our special notice; though it may be rationally supposed, that since the constituents are assumed to exist in the blood, it is also assumed that they are merely mechanically strained off by the liver; whose organization is as various and as specific as the hundreds of thousands of animals whose species are distinct. It was undoubtedly owing to prevailing doctrines of this nature, that many distinguished chemists, whom I have quoted on another occasion,* have let slip the severest censure of the chemical and physical doctrines of life—even such as practise organic chemistry in defiance of their acknowledged and direct opinions to the contrary. They universally allow, indeed, that “the laws of inorganic chemistry are *utterly inapplicable* to the phenomena of life;” and that, though “there is a chemistry of life, of that chemistry we know *nothing*.” It is therefore all assumption; and this reputed “chemistry of life,” of which it is admitted the chemist “*knows NOTHING*,” is exactly the thing of which the physiologist professes to know *SOMETHING*.

Confining ourselves to philosophers who are entitled to our profound respect, you will readily concede that Bichat comes far within the limit which is here prescribed, and that his opinion should *also* weigh in proportion to the decision with which it is given. Let us, then, hear the great French philosopher.

“The organic chemistry of the *laboratory*,” he says, “is the *dead* anatomy of the fluids, not a *physiological* chemistry. The physiology of the fluids should be composed of the *innumerable variations* which they experience according to the different (vital) states of their respective organs.” “The instability of the vital powers is the *quicksand* on which have sunk the calculations of all the physicians of the last hundred years. The habitual variations of the *living fluids*,” he adds, “*dependent* on this *instability* of the powers of life, one would think, should be no less an obstacle to the *chemical* physicians of the present age.”

“Again, had *physiology* been cultivated by men *before physics*, I am persuaded that many applications of the former would have been made to the latter. Rivers would have been seen to flow from the tonic action of their banks, crystals to unite from the excitement which they exercise upon their reciprocal sensibilities, and planets to move because they mu-

* See Medical and Physiological Commentaries, Vol. 1st, pp. 36—40, 75, etc. Vol. 2, p. 114—122, etc.

tually irritate each other at vast distances. All this would appear unreasonable to us, who think of gravitation only in consideration of these phenomena. And why should we not in fact be as ridiculous when we come with this same gravitation, with our chemical affinities and chemical compositions, and with a language established upon their fundamental data, to treat of a science with which they have *nothing whatever to do*. Physiology would have made a much greater progress, if all those who studied it had set aside the notions which are borrowed from the accessory sciences as they are termed. But these sciences are *not* accessory; they are wholly strangers to physiology, and should be banished from it wholly." "To say that physiology is made up of the *physics* of animals, is to give a very absurd idea of it. As well might we say that *astronomy* is the *physiology* of the stars."

[To be continued.]

ON STAMMERING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The indiscriminate resort to surgical operations for the relief of stammering, would seem not only to justify but demand a more critical investigation into the pathology of this affection. The writer having witnessed more than fifty such operations, within the last few months, with very unsatisfactory results, has been led to examine more carefully into the real nature of the disease, in order to ascertain, if practicable, why, in a few cases, surgery has been able to effect a perfect cure; while in some others it has afforded partial relief; and why, in a large majority of cases, no beneficial effects whatever have followed. It appeared very evident that if the pathology of the disease was simple and uniform—in other words, if the impediments of speech were always the same—similar treatment would always be attended with the same result, especially if the cause was mechanical. For example, if stammering was invariably the effect of enlarged tonsils, elongated uvula, or contracted genio-hyo-glossi muscles, then the excision or division of these parts ought always to afford relief. But such, we find, is not the case. Out of more than fifty cases in which the genio-glossi muscles have been divided, the results have been, as near as I can ascertain, as follows:—In two or three, a perfect cure was effected; in about a dozen, partial relief, for the most part temporary, followed; in the remainder, no effect whatever was produced. In about twenty cases, where acupuncture of the tongue was practised, by passing four or five needles laterally through the centre of the organ, the operation produced striking temporary relief, but in every instance the stammering was in a short time as bad as ever. In a few cases, the uvula and tonsils were removed, without any particular beneficial effect. The pathology of the affection, then, is not always identical. Can we ascertain, *a priori*, what the true pathology of any particular case is? If so, something will be gained, for we shall then be able to form a proper estimate of the probable results of an operation.

1. An examination of the organs of speech, the results of surgical opera-

tions, and the phenomena of stammering, all prove that it is generally the result of a moral and not a physical cause. What proves this, moreover, still more incontestably, is the fact that under certain circumstances the speech is perfectly free. But symptoms occasioned by organic defects are permanent. Most stammerers can sing with ease, or read poetry fluently, and even speak without impediment when alone; all which shows very conclusively that there is no defect in the organs. Careful examination leads to the same conclusion. We discover no difference in the size or shape of the tongue, in its muscles or ligaments, in the teeth, tonsils or uvula; and where such malformations do exist, we find that although they may cause peculiarities and alterations of pronunciation, they rarely produce the characteristic symptoms of stammering. Upon occasions of excitement, the stammerer often speaks with perfect fluency and facility, which would not happen if the impediment were not owing solely to mental causes.

2. Stammering is an affection of a complicated character, originating in the irregular action of the nerves of the organs of speech. We find that the enunciation of the vowels, which merely requires an open state of the glottis, and hence but one kind of muscular action, is not difficult; but the utterance of the consonants, or compound sounds, which requires several distinct and successive combinations of a variety of muscles, always occasions stammering. The most important organ of speech, then, is the *brain*; for it is this that combines and directs all voluntary motions, and disturbing causes, not local and permanent, can only affect the speech through the medium of this organ. The idiot does not speak for want of ideas; the public speaker sometimes stutters for the same reason, or because his ideas are confused or ill-arranged. In cases of apoplexy or other diseases of the brain, the voice is either wholly lost or becomes incoherent, imperfect and deranged; and we see the same thing happen, sometimes, when a person is called upon unexpectedly to address a public audience. Dr. Jackson, of Philadelphia, has published three cases of total loss of language, vocal and written, temporarily produced by cerebral congestion, and unattended with any other functional disorder, in one of which, speech was immediately restored by copious bleeding. In all such cases, of course, the organs concerned in the mechanical process of voice and speech preserve their entire integrity. We hence conclude that irregular action of the brain is the indispensable antecedent or cause of stammering. This affection is not confined to the organs of speech. A person affected with chorea or St. Vitus's dance, stammers with all the voluntary muscles; and so also does a person when unexpectedly beset with danger. It is not unusual for a dancer, if his attention is strongly attracted by some other object, to stammer with his feet. The cause, however, is to be found in the irregular nervous impulse sent from the brain. In cases of stammering, we can generally trace a conflict, or absence of co-operation among the active faculties, necessarily giving rise to a plurality instead of a unity of nervous impulses, and consequently to a plurality instead of a unity of simultaneous muscular combinations. We see this illustrated by the effects of spirituous liquors. When used moderately, they promote fluency of speech by gently stimulating the

functions of the brain ; but when carried to excess, they produce confused and marked stammering, by disturbing the organ of the intellect.

3. If the above views are correct, the cure of stammering is not to be sought in a surgical operation, but in removing the exciting causes, and bringing the vocal muscles into harmonious action by patient exercise. The great success which has attended Mrs. Leigh's system of treatment of such cases, is another proof that the cause of stammering does not consist in malformation of the organs. The whole secret of her success seems to consist in judicious moral training ; in directing the attention of the patient to the existence of those opposite emotions which seem to occasion the affection, by inspiring him with friendly confidence, and by constant practice to bring the muscles of the voice into easy, simultaneous and systematic action. Much may be done by increasing the natural difficulty, so as to require a strong and undivided mental effort to accomplish the utterance of a sound, and thereby add to the amount of nervous energy distributed to the organs of speech, as in the instance of Demosthenes. The patient also should exercise himself when alone and free from emotion, in talking and reading aloud, and for a length of time. In some cases this affection is accompanied by symptoms of general debility, like most other forms of nervous disease, and requires a course of tonic treatment, such as cold bathing, nourishing food, country air, regular exercise, cheerful society, &c. If such treatment does not prove successful, we need expect nothing from an orthopedic operation.

4. A violent shock to the nervous system, such as acupuncture of the tongue, extracting a tooth, dividing the genio-hyo-glossi muscles, &c., will generally bring temporary relief in cases of stammering, and they may in some instances effect a perfect cure, by inspiring the patient with the belief that he is cured, and that the cause of his vocal impediment is effectually removed. All that seems to be wanting, in many cases of stammering, is a confidence on the part of the patient that he has perfect command of the organs of speech ; and when he has acquired this assurance, the impediment is found to be removed. In this manner only can we account for those sudden and almost instantaneous cures effected by Mrs. Leigh and Dr. Yates of New York ; and in this way would I explain the success which has now and then attended the division of the genio-glossi muscles as practised by Dr. Mott, or the removal of the uvula and tonsils as performed by Dr. Yearsley of London. It is absurd to say that the division of the genio-glossi muscles gives greater mobility to the tongue, for they are the only muscles by which the tongue is elongated or thrust out of the mouth, as I have repeatedly noticed after they have been cut. In the course of a few days the muscle unites, and the patient is again able to extend the tongue, but not as far as formerly, for the muscle contracts in the part where cicatrization takes place.

That stammering is not caused by enlarged tonsils, or elongated uvula, or lax *velum palati*, we know ; for we see cases of these affections every day where the voice is not in the least affected. That it is not owing to "spasmodic closure of the glottis," as maintained by Arnott, in his work on *Physics*, is evident from the ease with which the vowel sounds are ut-

tered; and that it does not arise "from the patient endeavoring to utter words when the air in the lungs is exhausted, and they are in a state of collapse or nearly so," as stated by Dr. M'Cormac, is equally evident from the fact that the patient stammers equally as bad when the lungs are inflated, as when empty, or partially so. Were the latter theory correct, a person should never stammer during attempts to speak after a full inhalation; but we know that the contrary is the fact. Dr. Bostock has published a case of stammering cured by the long use of cathartics; and Esquirol mentions an instance where a dumb man, who had long endured contempt and bad usage from his wife, being one day more grossly maltreated than usual, got into such a furious rage that he regained the use of his tongue, and repaid with usury the execrations which had been so long lavished upon him. This also shows how closely the brain influences speech. As the individual advances in age, the infirmity, for the most part, wholly disappears. It is more marked in the morning than in the evening; and in an infirm, than a rugged, state of health.

My object in this communication is, however, merely to call the attention of the profession to a few circumstances which seem to me to render a surgical operation inexpedient for the relief of this affection. Dieffenbach, the originator of the orthopedic treatment of stammering, has lately abandoned it, and the results of the operations, so far as known to the writer, in this country, do not seem to authorize its continuance here.

December, 1841.

MEDICUS.

LABOR PAINS PRODUCED BY A FOREIGN SUBSTANCE IN THE RECTUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the 23d of July I was called to Mrs. S——, who was said to be in labor. I found her very feeble, pulse 100, tongue slightly coated. She complained of much pain in the lumbar region, and slight attempts at motion produced spasms there. She said she was advanced seven months and a half. Since midnight she had had labor pains, but irregularly. On examination per vaginam, I found several tumors occupying the posterior parietes, the os tincæ beyond reach. Venesect. to twelve ounces; forty minims acet. tinct. opii. She said her bowels were quite free, having taken physic the day previous. I left her for a number of hours, and on returning could perceive no material difference on examination. The pain was less since bleeding and opiate. In the course of the afternoon I returned, and found the pains rather strong, pretty regular, and expulsive. Still the os tincæ was beyond reach. Tumors filled great part of the vagina, hard as cartilage, and entirely unyielding. I suspected something was wrong about the rectum, and on examination found a large mass, hard, dry and uneven. After considerable effort, I succeeded in breaking off a piece and extracting it. I ascertained that the mass consisted of a vast quantity of *cherry stones*, very firmly agglutinated. After removing all that was possible, I threw up an enema, which induced evacuations containing an enormous quantity of the same.

She had eaten largely of cherries some time previous, and, in conformity with a popular but most erroneous impression, swallowed the stones to prevent mischief. The uterine pains now gradually subsided, and although much exhausted, the patient by degrees returned to her usual state of health.

This case shows very clearly that foreign substances in the rectum may stimulate the uterus to something like natural labor. It is worthy of remark, however, that the pains were all along expulsive; indeed, at one time so much so, that the patient appeared like one in the very last stage of healthy labor. I may add that, a few weeks after, the patient was delivered of a dead child.

The cause of the difficulty in reaching the os uteri was occasioned by a most extraordinary anterior obliquity of the uterus, to such a degree that the os uteri rested firmly on the anterior face of the lumbar region.

Bradford, Vt., December, 1841.

H. HAYES.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 15, 1841.

REMOVAL OF THE SUPERIOR MAXILLARY BONE.

THIS formidable operation was performed at the Massachusetts General Hospital, by Dr. J. C. Warren, on Saturday, Dec. 4th. The patient, John Farland, had been afflicted some months with the cephalomatous species of carcinoma, commonly known as fungus hæmatodes. The malignant tumor commenced in the left antrum, protruded into the left nostril, breaking down the ossa palati, filling the nasal fossæ, and pressing upwards the inferior orbital plate. The patient being aware of the nature of the operation, and the chance that it offered for his restoration, submitted to the extirpation of the whole of the disease, with the entire superior maxillary bone, which was effected in the following manner.

The patient being seated in a chair, his head supported, and compression made upon the carotid arteries, an incision was made from the outer angle of the eye to the angle of the mouth, and the flap dissected towards the alæ of the nose, and continued higher up over the cartilages and between the orbit and the eye. The outer flap was dissected in the opposite direction, until the masseter muscle was uncovered, and cut away from the malar bone, about one half of its extent. The orbit was then perforated, and the malar bone cut through. The nasal process of the superior maxillary, near its junction with the sphenoid and ethmoid bones, was next separated; a tooth was removed, breaking down the anterior wall of the alveolus, and the back part was cut through with the forceps. A strong-pointed knife was introduced into the patient's mouth and the soft palate skilfully separated from the palate bones, and the os maxillare detached from the pterygoid process of the sphenoid bone. After the division of the supra maxillary nerve and artery, which was accomplished by cutting from behind forwards, the remaining attachments being slight, the entire mass was removed with but little difficulty or delay. The internal maxillary artery was secured, with a branch of the facial; and the

patient, considering the length of the operation, which occupied nearly an hour, suffered less from loss of blood than was anticipated, and is now doing well.

Notwithstanding the frightful cavity made by the removal of this disease, the deformity will be but trifling, should no untoward event occur during the process of uniting the divided parts.

Surgical Operations in Boston.—Although so circumstanced that we cannot avail ourselves of the opportunity of witnessing the various operations at the Massachusetts General Hospital, which ordinarily take place on the forenoon of each Saturday, we hear that the skill and ingenuity of the surgeons were never more satisfactorily exhibited, than at the present time. A principal object in this paragraph, is to impress on the minds of medical gentlemen who happen to be in the city on Saturday, the importance of attending at these surgical operations, which will make no very severe draft upon their time. Such are the railroad facilities of Massachusetts, that medical students, even as far off as the Pittsfield Medical School, might come into the city on Friday evening, see and hear all that might take place in the operating room the following morning, attend a clinical lecture, &c., and have ample time for travelling home with comfort and convenience in the afternoon. If our country brethren would avail themselves of these opportunities for refreshing their memories, by frequently witnessing operations, they would receive permanent benefit, and the effect also would be especially beneficial in their circle of practice, from a familiarity with such varieties of tumors, fractures, dislocations, &c., as would be brought under their observation on the regular operating day in a great institution.

We are asked why we do not have regular reports of all that transpires in the surgical theatre? as though it were a very easy matter to keep an accurate account of every transaction. In the first place, it is extremely difficult to obtain the services of those who have the exact kind of tact for reporting. A tyro will not answer: the reporter must understand not only the anatomy of the region which is the seat of the disease or operation which he is to describe, but he is required, too, to exercise some evidence of good judgment in regard to the propriety of the operation, the prospects of the patient, &c., all of which can only be found in an advanced pupilage, at least, combined with rapidity of thought, accuracy of detail, and faithfulness to the interests of science and humanity.

Rising to Medical Distinction.—Merit, too often, has nothing to do with acquiring business in the medical profession. There are scores of physicians in Boston, New York, Baltimore and Philadelphia, of the highest literary and scientific attainments, refined in character, excellent at heart, and unexceptionable in morals, who will never earn enough in visiting the sick, to keep themselves decently clothed. On the other hand, more than a dozen prominent medical ignoramuses, coarse in manners, rude in speech, without even the exterior of gentlemen, are sought after with avidity—and quite to their own astonishment they are forced into public notice, forced into extensive practice, and great fortunes are forced into their pockets. Without any circumlocution, for it is a plain matter of fact, merit frequently goes a-begging, and ignoramuses are transformed into philosophers by a little of what the world calls *tact*. If a man has

not the tact for applying his knowledge to the good of society in the profession of medicine, he had better quit the business—for it is impossible that he should succeed. It sometimes happens that ready wit, which is always a happy qualification, supplies the place of profound attainments, and such men are decidedly fortune's favorites.

In the tenth chapter of *Lady Blessington's Idler in France*, she speaks of the celebrated Dr. P., now rising of 80, who went to Paris, from the country, to seek his fortune. While lying in bed and thinking over his desperate condition, he devised a plan. He walked the streets and noted down the address of the most respectable looking houses, and then got a porter to knock and inquire if the celebrated Dr. P. was there, as his presence was required immediately at the hotel of the Duc de ——. Twenty porters were sometimes despatched at once. He next had the people called up at night, to inquire if the celebrated Dr. P. was there. This scheme worked admirably—he was soon amply supplied with calls, and the money rolled in, in generous fees. Success begets ambition: he got tired of *bourgeoisie* practice, and sighed for *la haute noblesse*, which he also obtained by his wit and tact. The *femme de chambre* of a great lady consulted him, describing symptoms enough to baffle all the schools in christendom. He discovered that nothing ailed her—and she was therefore advised to live high, and have amusements. This was capital. By-and-by the mistress, who was a Duchess, was sick, or thought herself so. She was too fat, and it was an object to be reduced to elegance, all of which was soon brought about by the now distinguished Dr. P. For forty years he was annoyed with the most elevated class of practice. Although an old man, he is still the "celebrated Dr. P."—one of the most successful of practitioners; and yet he rose to distinction by a trick, falsely denominated fine wit. Merit had nothing to do with his success, for he would have died of starvation had he not forced himself into distinction. Yet an honorable, high minded man views such trickery with contempt—though the world would call one a philosopher and the other a fool.

The Philadelphia Medical Examiner.—Very important alterations are proposed in this Journal. The present editors will take charge of different departments,—but the principal acting editor, after the first of January, is to be Reynell Coates, M.D., a gentleman of very distinguished medical and literary attainments, who is admirably calculated to conduct a Journal upon generous principles. Instead of having a weekly printed cover, as in times past, a single, uncovered sheet, at three dollars per annum, is to be furnished.

Objects and Nature of Medical Science.—Such is the title of an introductory discourse at the opening of the lecture term in the Medical Department of Transylvania University, by Elisha Bartlett, M.D., Professor of Theory and Practice. The author is an excellent writer, and although we have scarcely had time to read much more than the title-page of this discourse, we have not a doubt of its sterling character. However, it will have its turn with other matters which are to be read in course, and then the result of our observations will be given.

Medical Surgery.—We cannot refrain from again drawing upon Dr. Gibson's Introductory Lecture. The following brief paragraphs—all we

have room for this week—will show that the professor can discourse eloquently upon other subjects besides *himself*.

"Of surgery, as it is really understood by a few, and ought to be understood by all, I hope to teach you something better than ever can be learned from the advocates and champions of the knife and saw. I hope to teach you that surgery, as a science, is founded upon principles not less certain than those which govern other departments of our profession; that, in many instances, these principles are as clear and self-evident and susceptible of demonstration as any proposition in Euclid. I hope to teach you that medical, not operative surgery, should be your chief aim; that you will be able, by patience, industry and perseverance, to cure many a complaint, and save many a limb and many a life by judicious treatment, through the medium of medicine and by a proper understanding of the functions of the various organs, their various sympathies or associations, and in short, by your knowledge of medicine, in conjunction with surgery, than by the aid of the best instruments ever manufactured by a cutler, or by the most supple fingers ever appended to the arms of a human being. I hope to teach you, at the same time, the true use and value of *operative* surgery, by proving to you its subserviency to medical surgery, by showing you the cases in which the knife is indispensably necessary; how operations, when required, should be performed, and above all to *convince* you that whilst I despise the mere *cutter* as one of the humblest and meanest of God's creatures, I have the highest respect and veneration for the man who, with a mind imbued with the profoundest knowledge of his profession, as shown by a general acquaintance with all its branches, can boldly and unerringly, and with matchless dexterity, plan and execute, successfully, operations which the mere professional mechanic would shrink from with apprehension and dismay, or be totally unable to comprehend; thereby demonstrating that it is the *combination* of medical and operative talent that constitutes the prerogative of the great surgeon, and makes him a blessing to mankind."

"From the whole scope of these observations, then, you will perceive that I set a high value upon medical surgery; that I estimate as they deserve the principles which regulate that department of our science; that I look upon operative surgery as secondary and subordinate in its aim and application, and only to be resorted to after full and fair trials of other remedial measures have failed to alleviate the distress, or accomplish a cure—instead of being held up, as it too often is, as a consideration of primary importance, and even, upon most occasions, as a *sine qua non* itself."

Medical Schools.—In relation to the condition of distant schools the intelligence that flows in upon us through public channels, comes often in "such a *questionable* shape, we cannot even *speak* it." When the struggle is over for the season, *the number of matriculations* is accurately ascertained. But who shall, even then, determine the number of *men of straw* that are made to assist in swelling the nominal amount of the class? As for the flourishes of trumpets in newspapers and introductorys about the peculiar advantages of particular colleges, we estimate them—if at all—in inverse proportion to their loudness. The school or the teacher that swells largest on paper, is usually the first to explode in practice. From private sources we derive some facts. The old school of New York has certainly about one hundred pupils, and a prospect before it unusually

bright. Of the class of the new school, we know nothing authentic from disinterested testimony, and are not inclined to guess. The class of Louisville numbers about two hundred and fifty. Our own appears a very little diminished in numbers, from the absence of the usual number of established practitioners who visit us to review and extend their knowledge. The number of students of the first and second course does not vary appreciably from the average.—*Phil. Med. Examiner.*

New Medical Works in London.—Mr. Hoblyn's Dictionary of Terms used in Medicine and the Collateral Sciences; a manual for the use of students and the scientific reader.—Dr. Paris's Pharmacologia; or history of medical substances. A new edition.—Dr. Conolly's Four Lectures on the Study and Practice of Medicine; delivered on different occasions in the University of London.—Sir James Clark's Treatise on Pulmonary Consumption; comprehending an Inquiry into the Nature, Causes, Prevention and Treatment of Tuberculous and Scrofulous Diseases in general.

Medical Miscellany.—Dr. George Terrill is appointed Fleet Surgeon on the West-India Station.—In London there are eighty acres of burying grounds, which are in such a disgusting state at the present period, as to have elicited the notice of the public press. They have been used for hundreds of years, and are of course crowded with bones and the accumulations of centuries.—The medical attendants in waiting at the palace, at the birth of the prince, were Drs. Clark and Ferguson, to be consulted in case of necessity. Dr. Locock, the royal accoucheur, is the luckiest man in England, and therefore quite an object of envy to the less fortunate professionals. His fee, on this occasion, will be immensely superior to the one received on the birth of a princess.—Dr. Rainy has been appointed professor of medical jurisprudence in the University of Glasgow.—Several deaths recently occurred, both in England and Scotland, by hydrophobia.—Another prosecution for malpractice has been commenced in western New York.—The number of deaths in Philadelphia during the week ending Nov. 20th, was 104, including two of persons over 100 years of age.—Dr. William Levely, of Maryland, is appointed Assistant Surgeon in the U. S. Army, from Sept. 30th; Dr. Dabney Herndon, of Virginia, Assistant Surgeon, from Sept. 30th.—We perceive that another Part of Copland's Dictionary is recently published in London. We are unable to give any information respecting the re-publication of the additional parts in this country.—The yellow fever was raging with great severity at St. Jago de Cuba at the last advices: a number of American seamen had died.

ERRATUM.—The name of Dr. Isaac Wood, in last week's Journal, page 287, should have been printed Dr. James R. Wood.

MARRIED.—In Boston, Samuel Wigglesworth, M.D., to Miss Louisa G. Davenport.—At Halifax, N. S., Cyrus Morton, M.D., to Miss L. H. Drew, of Boston.

Number of deaths in Boston for the week ending Dec. 11, 40.—Males, 23; Females, 18. Stillborn, 4. Of consumption, 4—scarlet fever, 7—old age, 2—diarrhoea, 1—bronchitis, 1—hooping cough, 2—dropsy, 1—stoppage in the bowels, 1—dropsy on the brain, 1—infantile, 1—disease of the heart, 1—croup, 2—teething, 1—typhus fever, 1—liver complaint, 1—inflammation of the bowels, 1—typhoid fever, 1—lung fever, 1—dropsy in the head, 1—dyspepsia, 1—inflammation of the lungs, 1—acrofula, 1—convulsions, 1—drowned, 1—inflammation of the brain, 1—tumor in the bowels, 1.

HOSPITAL IN BOSTON FOR SCROFULA.

SILAS DORRIS, M.D., Member of the Massachusetts Medical Society and of the Boston Medical Association, having been in practice fourteen years, and having had constant opportunity for three years to attend to the diversified forms of Scrofula while in charge of the Hospital Department of a charitable Institution in Portsmouth, embracing more than one hundred inmates, respectfully announces that he will devote special attention to the treatment of that disease. He has taken the large and convenient house No. 26 Howard street, Boston. The location is retired and airy, with every accommodation for invalids from abroad. He has also made ample arrangements for administering medicated baths, and for the general treatment of patients according to the methods most approved by the profession in this country and Europe. Board from \$3.00 to \$5.00 per week.

Boston, Nov. 29, 1841.

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MEDICAL WORKS, PUBLISHED BY BARRINGTON & HASWELL, PHILADELPHIA.

ANDRÉ's Medical Clinic; Bryant's Anatomical Examinations; Burne on Habitual Constipation; Clutterbuck on Bloodletting; Collins's Practical Treatise on Midwifery; Cooper's (Sir A.) Lectures on Surgery; Curling on Tetanus; Cutler on Bandages and Bandaging; Edwards on the Influence of Physical Agents on Life; Epidemics of the Middle Ages; Essay on Physiology and Hygiene, by Reid, Ehrenberg, Stromeyer, Muller, &c.; Evanson and Maunse on the Management and Diseases of Children; Freckleson's Outlines of Pathology; Gooch's Midwifery; Holland's Notes and Reflections; Homer's Med. and Topog. Observations upon the Mediterranean, Portugal, &c.; Hunter on the Blood, Inflammation, and Gun-shot Wounds; Hunter on the Teeth; Hunter on the Venereal Disease; Hunter on the Animal Economy; Hunter's Principles of Surgery; Hunter's Life; Hunter's Complete Works, 4 vols.; Jaycock on Hysteria; Lee's Observ. on the Principal Medical Institutions and Practice of France, Italy and Germany, in 1 vol., with Johnson's Syllabus of Materia Medica, and Latham's Lectures on Clinical Medicine; Macartney on Inflammation; Magendie on the Blood; Marshall on the Heart, Lungs, Stomach, Liver, &c., with Weatherhead on Diseases of the Lungs; Millengen's Curiosities of Medical Experience; Plümbe on Diseases of the Skin; Prichard on Insanity, &c.; Ricord on Venereal Disorders, &c., and Amussat's Lectures on Retention of Urine; Stokes's Lectures on the Theory and Practice of Physic, with Notes, and 12 Additional Lectures, by John Bell, M.D.; Williams on the Physiology and Diseases of the Chest; Willis on Urinary Diseases and their Treatment; Select Medical Library and Bulletin of Medical Science, containing Bell's Materia Medica, and Schill and Aretius on the Causes and Signs of Diseases.

Nearly ready, Graves and Gerhard's Clinical Lectures.

Aug. 11—

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—coply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	WILLIAM SWETSER, M.D.
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June 18

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THE
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No. 20.

DR. PAINE'S INTRODUCTORY LECTURE.

[Continued from page 303.]

It has ever happened, as an inevitable consequence of the fundamental alliance between healthy and morbid processes, that, whenever chemistry, or physics in a more general sense, has invaded organic nature, the philosophy of disease and of therapeutics has followed in abject submission. I cannot now conduct you through the astonishing details, which, taken one by one, would show you that organization—aye, that intellectual being whose divine portrait was so vividly drawn on Tuesday evening—is *practically* regarded, as it is *theoretically* pronounced, a mere chemical laboratory,* composed of tubes of various calibre, amenable to the laws of chemistry, which, it is imagined, may yet be imitated by the hand of man, and that with the aid of the vital properties in the elements of matter (and of course, by analogy, the soul also), whose primeval existence in this relation is maintained for contingent purposes, the confident hope is promulgated that the laboratory will yet be able to exert the highest Prerogative of Creative Power. Already, indeed, it has been given out, *ex cathedra*, that nothing is easier than the accomplishment of digestion by artificial mixtures, in the preparation of which, as I have said, the *furnace* is sometimes instrumental—that nothing is easier than the artificial fabrication of those organic compounds which are elaborated by an *unfathomable* organization that was designed for this specific purpose by the Divine Mind—but, *not* till the alimentary material has been vitally decomposed and its elements recombined in a mysterious manner by the gastric juice—then subjected to the farther organizing effects of the bile and other organic products—passed through the wonderfully vivifying lacteals—carried forward and subjected to the whole animating influence of the pulmonary system—perfected in its exalted endowments by the whole labyrinth of the circulatory organs—and lastly, though not least, determined from the blood in one everlastingly exact manner by other complex living systems—but *how*, no imagination can form the most remote conception, but through the instrumentality of those specific properties of life, which were the only power concerned from the beginning to the ending of the astonishing series of unvarying changes;—and, as might be inferred from the utterly groundless pretensions, aspirants have lately appeared with *animals*, composed of nerves, stomachs, respiratory organs, eyes, ears, *instinct*, &c.—both male and female, as on a former

occasion, and *now*, as *then*, made out of the elements of matter—though in the modern case, *galvanism* is the *creative spirit*. These offsprings of the ingenuity of man, it is true, after having been duly added to the trophies of chemical science, were ultimately suspected of having been the work of another Power, and even by those philosophers who emblazoned their scientific journals, in Europe and in America, with pictured illustrations of these supposed creations of the laboratory, and who once "*saw that it was good*." But, I will not neglect saying, that the pretended creation, independently of the living organization, of any one real organic compound, however *simple*, is not less fallacious, and arrogant, and irreverent, than was the pretended creation of insects out of silex by the spirit of galvanism.

I shall not farther speak of the moral and religious tendencies of these speculative invasions upon nature. They must be sufficiently obvious to every reflecting mind; however they may be offensive to one, or admired by another. My present interest lies in their *philosophical* merit, and in their practical bearing upon health and disease. They are uprooting every intelligible principle which relates to the former, and are converting the latter into the confusion of chaos. The humoral pathology, especially, has ranged itself under the auspices of the all-potent science; and, although as wide spread as Christendom (if we except the common empiric who has never relinquished his hold upon the same doctrines as taught during the long decline of medicine in the dark ages), their modern ascendancy has been, as it were, the work of a day. Davy, having accomplished his wonderful discoveries in the mineral kingdom, the credulous, the zealous, or the ambitious, built upon these achievements a hope that something would turn up for the benefit of a favorite hypothesis in medicine, or something for the advancement of reputation. The world was crowded, beyond example, with *learned* men, and with an *interminable* audience—constituted morally and intellectually just as they were when Pope wrote his "*Essays on Man*" and the "*Temple of Fame*," and that other delineation of men and manners, which is called the "*Dunciad*."

After a long and laborious investigation, however, of the imputed connections of chemistry with organic philosophy, I have seen no reason to qualify the declaration which I have more publicly made, that I know of *no solitary fact* contributed by chemistry, which has thrown a ray of light upon the philosophy of life or the arcana of disease; and, as concurring in this sentiment I have been most happy to refer to the opinion of my learned associate who presides in the inorganic kingdom, and who so justly surrenders to the physiologist an interpretation of the living department of nature. We may therefore hope for an enlightened co-operation from this philosopher, in my efforts to place you on the right road of inquiry, should he think it sometimes expedient to travel out of his inorganic dominions to regale himself at the *fountain of life*. I shall therefore have less hesitation in speaking of the illusory and *seductive* nature of the *experiments* in organic chemistry, and more especially of their application to the *laws* of organic beings—so seductive, indeed, that they beguile our senses, and cheat us of our understandings. (You must look

upon all these doings as upon the arts of legerdemain—apparently real, but most grossly deficient in their pretended elements. Notwithstanding the recent triumphs of chemistry in the inorganic kingdom, and the vast multiplication of its powerful resources, it has left the whole science of life and disease just where it abandoned them when it was in a comparative infancy—or, with only the difference in the relative amount of error, and the exertions which are now necessary to its exposure and defeat.

But, of this subject I shall speak more fully hereafter, and shall only now add for the purpose of securing your attention to the important questions before us, that the farther chemistry pushes its investigations, the more it multiplies proofs that the whole subject of life and disease belongs to another department of philosophy. We find, indeed, that chemistry is everywhere against the hypotheses which have been founded upon its own principles; and, in this negative sense, it will have *greatly* contributed to the science of life. All that is now necessary to obtain the full benefit of the light which has been thus reflected, is the permission of chemists that it shall take its natural direction. But, it has been said with a justice applicable to all ages, that “every new system of philosophy, true or false, must be embraced and introduced into medical science.” Asclepiades explained all by the Epicurean or corpuscularian philosophy; Galea and his disciples by the philosophy of Aristotle; another eminent sect by the mechanical philosophy of Newton, who, says Bryon Robinson, “discovered the cause of muscular motion and secretion, and furnished materials for explaining digestion, nutrition, and respiration”—whilst Sir Humphrey Davy and numerous followers also think it “possible that one law alone (of a chemical nature) may govern and act upon all matter; a law,” continues the great chemist, “which might be called the law of animation.” Hence, it was well said by Bichat, that “chemists and mechanical philosophers, accustomed to study the phenomena over which the physical forces preside, have carried their spirit of calculation into the theories of the vital laws.” The principle is well exemplified by the metaphysician, Dr. Reid, who says that “Mr. Locke mentions an eminent musician, who believed that God created the world in six days, and rested on the seventh, because there are but seven notes in music. I myself,” the Doctor continues, “knew one of that profession who thought that there could be only three parts in harmony, because there are but three Persons in the Trinity. A chemist imagined that he had the felicity of having discovered a principle (not that of Newton’s or Davy’s), which would expound all the phenomena of organic beings. The physiologist, after listening to his philosophy, told him that there was but one circumstance adverse to his discovery, which was, that the physiological facts were all exactly the opposite of what he had supposed. The chemist then begged the physiologist to state what the facts were, that he might *explain* them by *his* system. And, to the same effect we have the opinion of Lord Bacon, who says of Cicero, that “he went about to prove the sect of *Academicks* to be the *best*; for, saith he, ask a *Stoic* which philosophy is true, he will prefer his own. Then ask him, which approacheth *next* the truth, he will *confess* the *Academicks*. So deal with the *Epicure*, that will scarce endure the

Stoic to be in sight of him ; so soon as he hath placed himself, he will place the Academicks next him." The reasoning of Cicero is as good for the physiologist as for the Academicks—for so soon as the iatro-chemical or the iatro-mechanical philosophers have placed themselves, each, and all other sects who build up a spurious philosophy of life, will place the physiologist next.

The metaphysician, Brown, admonishes us emphatically against the propensity of carrying the theories relating to favorite pursuits into other sciences. And thus, Lord Bolingbroke, as if in rebuke of Reid, and Locke, and Brown :—

"Metaphysical writers," he says, "counsel us sometimes very gravely to silence imagination, that we may attend to experience, and hearken to the voice of reason. The advice is good, and they would neither puzzle themselves, nor perplex knowledge, if they took it as they give it."

This is the evil ; and as well said by Mr. Lawrence, "what we are to guard against in our professional researches and studies, is the influence of partial and confined views, and those favorite notions and speculations which, like colored glass, distort all things seen through their medium." We must build upon *facts*, and *facts alone*. Nor is this *all* that is necessary. We must have the *last* as well as the first in the series ; for the *last* fact may be necessary to determine the proper application of the whole, and establish a sound generalization, or *theory* as it is called. *Hypothesis*, on the contrary, rests upon a *partial* array of facts ; and this is the reason that, whatever is hypothetical grasps at a thousand shadows, and perverts a thousand realities. But, in no inquiries is the mind so apt to go astray, and to carry its hypothetical conclusions into other departments of nature, as in the science of chemistry. Here, everything seems demonstrative, and yet everything may be essentially deceptive. The enlightened chemist will confess you this ; and whilst he fears that the fabric of inorganic chemistry may be overthrown, he hopes to be more permanently associated with organic nature. That he is right in his fears, every day is supplying proof upon proof. Sometimes the proof is positive, sometimes negative ; and of the latter we have just had a remarkable exemplification in the proclamation by the celebrated Professor Christison, that he had converted the compound substance known as cyanogen, and renowned for the mischief it has done in organic philosophy, into the simple element called silicium, and which is not only a simple substance, but utterly different from either of the elements of cyanogen. This is only an exemplification of the bold positions which are now rapidly taken by chemical philosophers ; and, had it turned out as represented by the professor, it would have struck a fatal blow at every principle in chemical science. Indeed, upon the strength of this supposed metamorphosis of nature, a learned friend told me that it was not improbable that the halcyon days of alchemy were about to be realized in a substantial manner, and that we should soon have our furnaces for the transmutation of iron into gold, and the famous "tincture of all-flowers" into the never-failing "elixir of life."

It therefore ceases to be remarkable, that chemistry should have pushed for laurels far into the labyrinth of organic life. The perpetual blast of

the furnace, however—the frequent jeopardy of life and limb from explosive mixtures, and the pursuit of other devices *by day* and *by night*, to turn the whole organic kingdom into the laboratory, can leave no doubt that what may have been originally the prompting of ambition grows into enthusiastic delusion. We see, therefore, the puzzle of the philosopher who “observed to Crito how unaccountable it was, that men, so easy to confute, should yet be so difficult to convince. Make a point never so clear, it is great odds that a man, whose habits and the bent of whose mind lie in a contrary way, shall be unable to comprehend it.” Nevertheless, “we have among us moles that dig deep under ground, and eagles that soar out of sight. We can act all parts, and become all opinions; putting them on or off with great freedom of wit and humor.”

But, is there no *fundamental* guide which may enable the inquirer after truth to perceive, at the glance of an eye, the wide gulf which separates chemistry from physiology? A gulf so vast should be everywhere studded with insignia in all its surrounding outskirts. I have already told you of many; but I will now show you the *gulf itself*.

Inorganic nature is *at rest*. Its great characteristic is *vis inertiae*. Here, then, are no phenomena to denote the forces and laws by which its internal constitution is governed. But, it so happens that chemistry may set its forces in motion, overthrow its composition, examine its elements, and elicit a train of phenomena which declare its fundamental laws and forces. These, therefore, are proper and necessary experiments, since they are concerned with the forces of nature, and are the only mode by which we can reach their phenomena.

Let us now turn to the other side, and see how it is with *organic* nature. In all things *exactly* the reverse. Here, everything is in *motion*—in *creative* motion. Its powers and laws are open to the observation of all, through their perpetual and endless phenomena—and to which there is nothing remotely analogous in those results which are obtained by the chemist when he sets in motion the forces of the inorganic world.

In the laboratory, then, we have experiments upon nature in her state of *torpidity*. In the organic body we have the experiments of *nature herself*. Consider, too, that in the former case, they are meagre, uncertain, and at the mercy of every breeze. In the latter—in the individuals of every species, they are inexhaustible in variety, and in all the hundreds of thousands of species varied according to the varieties of organization—but all concurring to demonstrate a near identity of forces and laws; and coming *directly from* nature, they *cannot deceive*. Will you, therefore, prefer the experiments of man upon organic nature when deprived of its peculiar properties and laws, and subjected to forces unknown to the organic being—and worse than all, when that being is broken up in its very structure and elements? Do you not see the absurdity of such distortions of nature? Are you not rather contented with *her own* endless experiments—so endless that you may unceasingly study them for the span of your life, and yet you shall have only *entered* upon their variety. What other experiments can we require than such as are thus perpetually presented by the organic being—varied as the species, varied as every moment, varied as disease from health, and the phenomena always true

to the fundamental laws? Or, if something may be yet *artificially* elicited, should it not be done through the *living* organization, that its *own* appropriate forces and laws may have *their* share in the extorted results? Do you not instinctively answer, yes? I was *certain* that you would, and have so written it down.

Here I had intended to have made a hiatus in my discourse; but the patience with which you have listened encourages me to persevere to the last. I have been admonished by kind friends, within and without the profession, that a doctor's discourse should never trespass beyond the good old limit of an hour; and this being my first address to a public audience, I had almost determined to surrender my wonted habits of thinking for myself. But it certainly appears to be an established rule, that a professor of medicine can hazard only an hour—whilst the more bountiful allotment of two hours is assigned to the parson (when he chooses to take it), six hours to the lawyer, and from twelve to forty-eight hours to a member of Congress. Whilst each keeps himself within the limits, respectively, the rule is—never to *leave the room*, nor to *snore aloud*. For myself, I shall only ask for the benefit of clergy.

I will now cursorily glance at some other mischievous consequences which have resulted from the restoration of the physical doctrines of life. One of the most important, and most productive of evil, is the prevailing hypothesis which assigns, as the cause of inflammation, a stagnation or interruption of the circulation of blood in the small vessels, which carry on the processes of disease; and this doctrine is now extended by distinguished writers even to idiopathic fever. It takes away all agency from the vital properties, all function from the instruments of disease, and resolves all the remarkable, unique, and diversified phenomena of those two great classes of disease, which swallow up all the important human maladies, upon purely physical principles; as physical and as lifeless as if the being were positively dead. The hypothesis, therefore, offers no light to the practitioner, nothing to guide his hand, no cheering consciousness that he strives with a disease which the *mechanic* could not as well control. But, we shall find, gentlemen, that it is all exactly otherwise, and that these diseases which make up the great amount of human suffering, and form the principal outlet of life, are under the same great laws which determine all *healthy* processes—only, however, partially modified by certain primary alterations of the properties of life. Were the mechanical doctrine true, of what use to us would be our knowledge of physiology? Where would be its application to disease? It would have no remote bearing upon the subject, and the whole scheme of pathology could be written out upon a quarto page. But, the vital properties, in inflammation and fever, so far from being paralyzed, as it is called, are exalted in power, altered from their natural state, and are the fundamental cause of all the phenomena that are seen or felt. The blood is neither stagnant nor coagulate; but moves in the instruments of disease with increased velocity, and in an augmented quantity. With *these* facts before us, there is something for *philosophy* to contemplate, something consonant with the laws of life, and something to encourage the practitioner in a rational treatment and with the hope of success.

Are you anxious to know the origin of a doctrine so derogatory to philosophy, so contradictory of fact, so subversive of all rational principles in medicine? I will tell you, then. Like all our other prevailing physical hypotheses, the mechanical doctrine of inflammation is only the ghost of darker ages—shorn, however, of what was originally considered its animating and indispensable attribute. It was the conception of one Vacca, an Italian physician of vivid imagination, who never *pretended* that it rested on a *solitary* fact. It was considered, indeed, so utterly baseless, that Hunter does not refer to its existence. But, what was thus *originally* the project of imagination, *now* professes to rest upon *experiment*. It is also a curious coincidence, that all the exploded doctrines of antiquity which have been recently brought forward to decorate an age which *boasts* of its *originality*, never were advanced under even the *pretended* auspices of fact. But, as I have already said, the most remarkable appendage to Vacca's hypothesis, and which the inventor considered indispensable, is studiously kept out of sight.

Vacca maintained a debility of the bloodvessels, in consequence of which they were said to lose their power of propelling the blood, and, as another consequence, the blood is supposed to stagnate and coagulate within them. So far his followers. But here *their* pathology stops; and as to their principles of cure, they are of course as mechanical as the pathology. But, a great majority do not even allow of independent action to the bloodvessels, in their *natural* state, but refer the whole movement of the blood to the propelling power of the heart, and perhaps, also, to hydraulic pressure. They only recognize, therefore, in inflammation, a mere physical relaxation of the coats of the vessels—just as leather is relaxed by soaking in water, and probably much in the same way. Their diameters being thus enlarged, the current of blood is said to stagnate like water in the wide channels of muddy and shallow rivers—this being, *verbatim*, *their* philosophical comparison.

Vacca, however, had the sagacity to perceive that mere passive relaxation of the vessels, and stagnation of blood, would never explain the exalted temperature of the part inflamed, and its various other morbid phenomena. He therefore boldly assumed that a real combustion, an absolute fire takes place in the blood as a consequence of its stagnation in the vessels; nor have we any other ground for this opinion, than that *inflammation* signifies *a fire*. There are, he says, four principal fluids in the body; namely, the blood, the serum, the fat, and the nervous fluid. The serum, he says, is too watery to burn, but the blood burns tolerably well, and the fat burns after its well-known manner. This, you will also probably surmise, is the origin of our doctrine of spontaneous human combustion—which is one of the present embellishments of physiology. The nervous fluid is said by Vacca to be so volatile that it escapes the conflagration; and it is left *undecided* whether it be combustible or not. It therefore remains a *fair* subject for experimental inquiry; and it is difficult to divine why it has been so utterly neglected by the chemist. It is also a fundamental principle with our projector of the now prevailing doctrine, that no inflammation can take place without the *presence* of atmospheric air to *ignite* the contents of the bloodvessels. The antece-

dent stagnation, he maintains, lets in the atmosphere, which draws the inflammable parts into the vessels, and there ignites them. The tumefaction of the part is said to be considerably owing to an evolution of gas generated by the process of combustion, and this swelling gives room to a farther ingress of combustible matter.

Vacca affirms that these are *essential requisites*, and that without them there can be no inflammation. He published this nonsense in 1765, in a work entitled "*De Inflammationis morbosæ Natura, Causis,*" etc., and its mechanical part is the now prevailing doctrine of inflammation; whilst one of its *vital* consequences, pus, is considered, as it anciently was, a mere chemical decomposition of the tissues inflamed.

Why is this doctrine so extensively embraced? Because it is captivating, like Brown's and Broussais's theories of disease, by a simplicity which exempts the mind from any laborious reflection, either as to the remote causes, the pathology, its contingent influences, or the mode of treatment. But, with Vacca's embellishment, there was a factitious analogy with the immense latitude over which the science of disease naturally stretches. There was at least abundant room for the riot of imagination, and something to give a show of plausibility to the stunted *mechanical* part of the hypothesis. Living Nature, gentlemen, is full of poetry, and man gets *all* his best poetry from her—just as the physiologist obtains from her all his doctrines of life and disease. But, as there is a poetry of the imagination as well as of nature, so, also, are there *imaginary* as well as *real* physiological doctrines. Those which are *real* are the natural *poetry*, as well as the *basis* of medicine—and they shrink, *instinctively* as it were, from all physical and mathematical calculations.

There is *another* wide spread and fatal disease, which I regard as inflammatory, and upon the philosophy of which I shall have something to say hereafter. It has attracted but little attention either in respect to its pathology, or treatment, but which, perhaps more than any acknowledged inflammatory affection, is supposed to be under the dominion of physical laws. This disease is *Venous Congestion*; appearing under simple forms, or complicated with idiopathic fever. In the former case, it exists as an independent affection of the veins, but constantly liable to involve other tissues, or the whole system, in sympathetic influences. When connected with *idiopathic fever*, it still maintains the character of a local and distinct disease. The two, co-existing, mutually influence and exasperate each other, just as do local inflammations of other tissues and idiopathic fever, when they co-exist.

In respect to Venous Congestion, it is remarkable that even during the ascendancy of *vitalism*, or when pathology was generally considered in its true relations to nature—it is remarkable, I say, that even then, venous congestion was regarded in a mechanical sense. It was then, as now, supposed to depend upon some obstruction to the venous current, and a consequent stagnation of blood in the congested veins. Since the general revival of the physical doctrines of life, this disease has attracted more attention, and has been more extensively expounded upon mechanical principles. The vital properties and vital actions have been universally excluded as elements in its pathology; and it has served as a re-

cruiting force to the analogous pathology of inflammation. Remedial agents have been therefore applied upon physical principles, and their effects, if salutary at all, are construed in conformity with the same philosophy.

Considering, then, that inflammation, fever, and venous congestion, comprise most of the maladies we are required to treat, it may be safely said of medical science, that "there is nothing stirring but stagnation."

Nevertheless, I shall ultimately show that congestion of the veins, like all other diseases, falls under the common law of dependence upon an altered state of the vital properties of the venous parietes—that there is no obstruction, no stagnation of blood in the case, but that it flows in the congested veins as freely as in health. The philosophy of this disease is of vast magnitude, since it is scarcely less prevalent than the common forms of inflammation, whilst it is more complex in its influences upon the system at large, of far more difficult treatment, and much more fatal. It forms the predominant feature in the yellow fever, and in the congestive fevers of this climate, and throughout the southern and western States. It is the great source of their obstinacy, and the main cause of their fatality.

You hear much, gentlemen, of the great advances of medicine in recent times. And so it has advanced; but only so in the accumulation of facts. There is scarcely one physiological, or pathological, or therapeutical doctrine now advocated by the "*reformers*," as they call themselves, which was not more or less in vogue at degenerate ages of our science. Whether they be anatomical, chemical, or mechanical, they have all had their day, and have all been exploded as utterly contradicted by the phenomena of life and disease, and by all that is known of organic philosophy. And this I say, as due to the great cause of which I am an humble advocate.

It is not here, however, on American soil, that those seeds of darkness have taken root. With a few rare exceptions, our own medical philosophers have gone on cultivating philosophy. You will not soon forget that spirit-stirring reference, which was made by our professor of surgery, to the revolution of empires—and upon which, as I imagine, as well as upon the facts which I have myself announced, he founded his conclusion, that the city of New York may yet be destined to supply Europe with her medical philosophers; and that, too, not unlikely, within a century hence.

[To be concluded next week.]

MEDICAL TOPOGRAPHY AND STATISTICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following article is taken from a communication made to the Litchfield County Medical Society at its last annual meeting. You will please dispose of it in any way you may think proper. Yours, &c.

Goshen, Ct., Dec. 10, 1841.

SAMUEL W. GOLD.

• One of the distinguishing features of medical knowledge, at the pre-

sent day, is the multiplied facilities for obtaining facts from a much wider field than formerly. The whole world is rapidly opening its stores to the view of scientific research, and the medical man can now refresh his mind amidst a multiplicity of journals rich with cases and various useful facts gathered from the widely extended parts of our own and other countries. Amidst this broad accession of useful knowledge, few subjects have afforded more benefit to the profession than those facts which belong to the department of medical topography. A knowledge of atmospheric changes, in respect to temperature and humidity, poisonous effluvia, the elevation; density of population, habits and employments of the inhabitants of any given section of country; also the diseases and annual per cent. of deaths, are all indispensable to an intelligent understanding of our profession.

In connection with these remarks, gentlemen, permit me to communicate some medical statistics relative to the town where I at present reside.

Goshen, situated near the centre of Litchfield county, is an elevated table land. Its general elevation is about 1000 feet above tide water. The town is 9 miles long from north to south, and about 6 broad from east to west. The surface is rolling, with swells generally of moderate elevation. Probably about one sixth of the surface is covered with forest trees. The soil is argillaceous, and is abundantly supplied with water. There are five lakes in this town, of from one to three miles in circumference. The water in these reservoirs, and the streams issuing from them, is usually clear and soft, containing but little clayey impregnation. There are numerous permanent springs, which afford soft and very agreeable water. Most of the wells exhibit more or less argillaceous influence from the soil. There are several sections of the town, most commonly in the vicinity of the lakes, where a considerable quantity of peaty formation exists. May it not be owing in part to *this fact*, although principally to the elevated position, that notwithstanding the large proportion of water nearly in a state of repose, marsh miasmata is rarely generated here? I have been able to ascertain but three cases of intermittent fever, which were supposed ever to have originated in this town; and those occurred during its early settlement. Since my residence here I have met with several cases of this disease; but it was obvious that in every instance it originated from abroad, where the patient had been residing just previous to the attack.

The whole number of deaths in Goshen during a period of twenty years, from 1804 to 1824, was 274. The population of the town in 1820 was nearly the same as at the present time, being then 1586, making an average number of $13\frac{2}{3}$ deaths in each year for that period. This is, *yearly, one in one hundred and thirteen*; being a smaller proportion of mortality than I recollect to have seen stated from any other part of this country. The greatest number of deaths that occurred in any one year of the before-named period, was 22; and the least, 9. The number who died during each month is as follows, viz.:—January, 22; February, 21; March, 31; April, 30; May, 16; June, 21; July, 26; August, 17; September, 21; October, 23; November, 18; December, 28. The greatest mortality being in March, and the least in May.

Of the 274 deaths, there were under 1 year, 29; from 1 to 10, 54; 10 to 20, 27; 20 to 30, 26; 30 to 40, 20; 40 to 50, 11; 50 to 60, 14; 60 to 70, 17; 70 to 80, 43; 80 to 90, 28; 90 to 100, 5.

The causes of death, as far as ascertained, were the following, viz.:—Old age, 41; consumption, 35; fevers, 32; fits, embracing apoplexy, palsy, &c., 29; hydrocephalus, and various other kinds of dropsy, 17; pneumonia, 14; other inflammations, 9; croup, 8; whooping cough, 5; accidental deaths, 13, 5 of which were from drowning, 1 from freezing, and 3 from burns; child-bed, 4; cancer, 3; intemperance, 2; rheumatism, 1; liver affection, 2; diabetes, 2; dysentery, 2; poisoning by laudanum, 1; hemorrhage, 1; bilious colic, 1; mesenteric obstructions and marasmus, 8; worms, 1; suicide by hanging, 1; complaints not ascertained, 40. Stillborn cases are not included in the above list; but were they added, the average yearly mortality would still be, probably, less than 1 per cent.

The most extreme case of longevity which has ever occurred in the town, was one of 115 years. One died during the last year in the one hundredth year. Both of these were females; the oldest, a native of Africa. The whole number of deaths during the last year, ending 1st January, 1841, was 8; being a trifle more than one half per cent.

The thermometer usually ranges through the year from 3 or 4 below to 90 degrees above zero. The lowest it has fallen at the place of my residence, at any time during the last 16 years, was 14 degrees below, and the highest in the shade was 96 above zero. A comparison of the temperature here, with localities occupying much lower positions in about the same latitude, shows the thermometer considerably less depressed, during the coldest parts of the year, in the former than in the latter places. During the winter of 1840, the thermometer on the coldest day was but 13 degrees below, while at Woolcotville, distant six miles, and probably some five or six hundred feet lower, the mercury fell to 30 below zero; being 17 degrees colder than in Goshen. Frost, frequently, does not appear in autumn as soon by several weeks as in low situations. The atmosphere has a less chilling influence during the vernal and autumnal parts of the year, and the temperature is less extreme in its changes from day to night, than in the neighboring valleys. These circumstances, no doubt, have a favorable influence on the health of the inhabitants.

The inhabitants are mostly engaged in agricultural pursuits. They are, as a people, industrious, thriving and contented; the pure and elastic atmosphere in which they live, contributing much to keep up a high degree of nervous energy, thereby awakening a spirit for action and enterprise, for which, as a community, they are so highly distinguished.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 22, 1841.

DR. DUNGLISON'S INTRODUCTORY LECTURE.

AN introductory discourse delivered by Dr. Dunglison, at the commencement of the present term of the Jefferson Medical College, having been published by a committee of the class, we are provided with a copy, for which we return thanks to the gentleman who sent it.

Dr. Dunglison has written so much, and deservedly enjoys so good a reputation with the reading part of the profession, that we hardly know which of his labors to refer to as being superior to the others.

It is very well understood, in the ordinary mode of doing business, that an introductory lecture before a medical school at the beginning of a term, is nothing more nor less than a pleasant method of organizing for the season—and these discourses were accordingly formerly considered as being made to last but a single hour, and therefore it was of very little consequence whether they were simple or profound, since they were rarely seen or heard of after the occasion which called them forth had passed away. But the character of the times has essentially changed, with the multiplication of schools, and the increase and rivalry of learned and ambitious faculties. These introductory are now looked upon with an uncommon degree of interest, as an index of the minds of the men who give them; and each one is also, to a degree, a schedule of the proposed plan of operation and the policy of the institution, accompanied by the mature thoughts of a person prominent in society, whose professional influence and experience enable him to speak with authority to those who are just entering upon the responsibilities connected with the practice of medicine. In short, these annual introductory discourses, in the medical colleges of the United States, constitute, to a good degree, the medical literature of the country. They are now altogether our finest specimens of medical writing, and will compare with those from elevated sources, in any part of Europe.

We cannot very well dissect out of this, or any other introductory of the season, several of which are before us, particular pages, as strikingly beautiful or original, beyond anything that has gone before them. They are all good, as a series, and those who are careful to preserve them, will have a treasure that posterity will value exceedingly. In this lecture, the professor gives a succinct history of the past, and speaks encouragingly of events which are to come. He writes with facility, and always in a style that is both pleasing and instructive.

Raymond's Fracture Apparatus.—Some months since, mention was made in this Journal of an invention of an ingenious apparatus for the management of fractures of the lower extremities, which was manufactured by Mr. N. S. Raymond, of Utica, N. Y., and which seemed to recommend itself to the special notice of surgeons. Some who examined it, suggested that it was not strong enough to support the limb and keep the fractured extremities of a bone in place, should the patient, in some un-

guarded moment, happen to attempt a change in the position of his body. On being informed of this, Mr. Raymond at once obviated that apprehended defect, by giving greater size to the various parallel splints, and greater thickness to the semicircular iron bands, to which the bars are riveted. The screws, straps, &c., were also made a few sizes larger, and thus he completely obviated any objections that might be made on that score. A specimen with these improvements has been forwarded, and appears entirely unobjectionable.

We have not ascertained whether the first one brought to this city, and which was immediately placed in the hands of the surgeon of a neighboring hospital, has yet been used. We hope soon, however, to hear that it has, and that we shall be furnished with the results, accompanied by such observations as would naturally be made by a discreet operator, desirous of availing himself of all the improvements of the age, in this department of his art. Having been impressed, on the first examination, with a conviction that the true principle of counter-extension was developed in Mr. Raymond's contrivance, we are desirous that those who have opportunity, make a fair trial with it. The surgeons in Oneida county, certainly, ought to look to the matter at once, since they have a ready access to the manufacturer. No agent has yet been appointed in New England; hence we must look to the surgeons of western New York for the regular series of reports—for such would influence those most likely to manifest interest in the invention. Gentlemen in this part of the country can examine the one lodged at this office—and should any one express a wish to use it in any case that may fall under his care, by sending a proper reference, it is at his service for any reasonable period.

Evidence of the Re-union of Broken Bones.—In the New-York Medical Gazette, there is a curious statement in regard to a method of ascertaining the progress of the re-union in fractured bones, which we do not recollect of having elsewhere seen. If subsequent observation proves the assertion of Dr. Lesler, the reputed discoverer, to be true, the importance of the fact can hardly be estimated by surgeons. The matter is substantially this, viz. : that nails on the fingers and toes do not grow, while the fracture is in the process of being healed. Nothing can be easier than to ascertain whether this happens or not, in any hospital, and that, too, within a few weeks. The editor very naturally asks the following question—“Does this arrest of growth depend merely on the fracture of the limb, or is it, as the editor of the Brit. and Foreign Med. Review suggests, but indirectly connected with the fracture, depending on the well-known principle, that the growth of the various horny tissues depends on the amount of waste to which they are exposed?” Should any of our correspondents be possessed of knowledge upon this subject, or, by a series of inquiries which they may be induced to institute, convince themselves that such a law of the animal economy does really exist, they would confer a peculiar favor by communicating the result of their observations to the medical public.

The Construction of Prescriptions.—Modern practitioners make themselves merry over the elaborate prescriptions of physicians of the last and preceding centuries. Forty or fifty articles were apparently selected with great care, and with reference, many times, to the aspect of the planets,

especially the moon. To have had the necessary qualifications for prescribing in the sick chamber, in those ages, presupposes a life of incessant and accurate study. But another hundred years will so change the respectability of our present medical prescriptions, that many of them will doubtless be choicely preserved in glass cases, to exhibit the blindness, if not ignorance, of practitioners in the polished era of 1841. Our prescriptions are certainly again becoming rather complicated. It is true, that they do not invariably contain twenty different medicinal articles, to be mixed and swallowed at once, but some of them embrace a startling number of ingredients. Does not this require looking after by reflecting, philosophical physicians? The tendency seems to be to run into an unnecessary farrago of drugs, which are quite likely to neutralize each other.

Diseases of the Lungs.—Persons suffering from any form of disease of the lungs, especially those who do not feel able to pay a physician, may always receive advice gratuitously, at the Boston Institution, expressly designed for such, whether from the country or residing in the city. A generous part of the system consists in giving medicines also. Many have resorted there under the impression that their lungs were extensively, if not irrecoverably, affected, and perhaps ascertained that the seat of the malady was in some other organ. Minute stethoscopic examinations, together with a constant study of the condition of the chest, in sickness and health, give the physicians of the Lung Infirmary great facility in ascertaining the exact state of things—which is always of consequence to the applicant. While the medical class remain in the city, an occasional visit to this Infirmary would very much conduce to their benefit.

Dr. Haynes's Utero-abdominal Supporters.—These instruments appear to maintain the reputation which they acquired soon after their introduction to public notice, notwithstanding the number of others in the market. We have heard of cases where they have been used to advantage as umbilical trusses. Large numbers of them are sold for the relief of the various conditions of the abdomen and uterus to which they are adapted. A lot of them, of superior workmanship, have lately been received at this office, where may also be found various other kinds of the same instrument.

Carbonate of Iron.—The protection of carbonate of iron from decomposition, by means of honey (mixed therewith to form pills), depends on the property possessed by saccharine substances of preventing oxidation. The pil. ferri comp. of the London Pharmacopœia is prepared with treacle, in conformity with this theory; which circumstance ought to be generally understood, as a departure from the strict letter of the instructions would, in this instance, materially alter the result. The saccharine carbonate of iron was introduced into the Edinburgh Pharmacopœia on the same principle. The difficulty of preserving carbonate of iron unchanged, has always been in some degree an obstacle to its employment as a medicine. The mistura ferri comp. of the London Pharmacopœia, although an agreeable and valuable preparation when fresh made, becomes decomposed in the course of a few days, and its usefulness is therefore limited. Mr. Redwood has contrived a method of exhibiting pure carbonate of iron,

which is particularly deserving of attention. As soon as it is prepared, he encloses it in capsules of gelatine; which, by excluding the atmosphere, protect it from decomposition, and preserve it in a convenient form for administration for an indefinite period. The capsules contain ten or fifteen grains, which is quite sufficient for a dose in ordinary cases.—*Pharmaceutical Transactions.*

Medical Miscellany.—Smallpox has appeared at Mecklinburgh Co., Va. in a formidable manner—having already carried off many persons.—M. Petrequin, it appears, in a case of partially opaque cornea, the opacity being on the inferior two thirds, cut the superior rectus so as to produce an artificial squint downwards, and thus brought the transparent part of the cornea in relation with the horizontal rays of light.—Dr. Alban Smith, of New York, has opened an institution for the treatment of calculous affections and other diseases of the urinary organs. He was formerly professor of surgery in the College of Physicians and Surgeons, in that city.—There are two hundred and forty students, it is said, in the University Medical School in New York.—At Williams College the President has obtained one of Auzoux's manikins, for teaching elementary anatomy, which is studied in the senior year at that thriving Institution.—Besides the Bloomingdale Orthopedic Infirmary, managed by Dr. Mott, exclusively, Drs. Dorr and Brewster have another, which appears to be well esteemed, and therefore, it is presumed, is well sustained.—Word comes that a new medical journal, under the immediate patronage, and conducted by the professors of the new University Medical School, in New York, will appear about the first of January.—A new apparatus for amputation has been devised, which takes off a limb in "*ten seconds*," says a correspondent, and is favorably spoken of by Dr. Mower, of the U. S. Army, and other eminent surgeons who have seen it. Some particulars in regard to the invention are expected for publication.—The boldness and ingenuity of the venders of patent medicines in this and other cities, is very striking. One of them states that our pleasant neighbor, Dr. Bartlett, restored a female, who was badly used last week by burglars, to sensibility, by *Sherman's lozenges*, and dressed her wounds with the *poor man's plaster*!

TO CORRESPONDENTS.—Dr. Dixon's Case of Operation for Cleft Palate will be inserted next week.

Number of deaths in Boston for the week ending Dec. 18, 35.—Males, 19; Females, 16.

Of consumption, 7—suicide, 1—scarlet fever, 9—brain fever, 1—scrofula, 1—infantile, 2—lead poison, 1—debility, 1—apoplexy, 2—jung fever, 3—inflammation of the bowels, 1—croup, 2—intemperance, 1—accidental, 1—dropsy on the brain, 1—disease of the heart, 1.

UTERO-ABDOMINAL SUPPORTER.

THIS subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporter," and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to

A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

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THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Histories; Drawing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TESTS, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

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On Diseases of the Chest, and Midwifery, by	DR. BOWDITCH.
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GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8—coptf.

HOMOEOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homoeopathy; Everest on do.; Broacke on do.; Dunsford's Practical Advantages of do.; Dunsford's do. Remedies; Quain's Pharmacopoeia; Simpson's do.; Hahnemann's Organon; Jeanne's do. Practice; Jahr's Manual; Hering's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broacke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Crozier, Eustaphieva, Everest, Green, Herring, Des Guis, &c. Medicine Chests for sale as above. O. C. is agent for the Homoeopathic Examiner, by A. Gerard Hall, published monthly in New York. My 12—

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A 13

The Supporters may also be obtained of the following Agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. F. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, DECEMBER 29, 1841.

No. 21.

INTERRUPTED SUTURE IN CASES OF CLEFT PALATE.

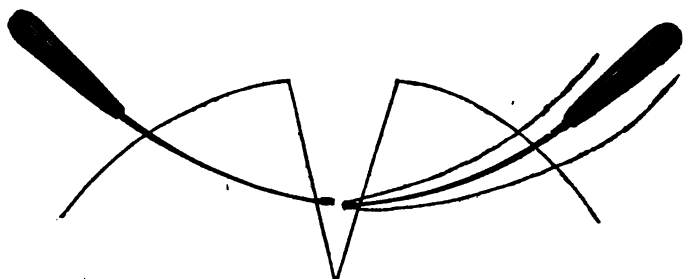
To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The difficulty of passing the interrupted suture in cases of cleft palate, as well as in all cases of deeply-incised wounds, where adhesive plaster and compresses are inefficient, as in the axilla and perineum, induced me to devise the little affairs I herewith enclose. They were much esteemed by my preceptor, the late George Bushe, and have been favorably noticed by my friends generally. I will briefly state the *rationale* of their application, and a case or two illustrating their use.

In the operation for cleft palate, after the edges of the division are prepared for approximation, however well your patient may have been schooled by frequent irritation of the fauces (a measure that should never be neglected), you cannot rely on a moment's quiet. Every instrument, as yet devised, renders it essential that the patient should be perfectly quiescent for at least a minute, before the operator can pass a single suture. In the event of coughing or vomiting occurring at the moment one side of the cleft is punctured, and the operator is about transferring the point of his needle to the other, the most disastrous results may follow. I have seen the suture, already passed, torn completely out, and the base of the tongue wounded by the needle, obliging the operator to abandon the operation. These needles allow such perfect command that they can be withdrawn in an instant. Indeed, it must be evident to all who are accustomed to perform operations within the mouth, that prolonged manipulations cannot be endured for any definite time by the most resolute patient, nor can sutures sufficient to approximate the deeper parts of many wounds be passed with any needle at present in use. I consider these much preferable also for hare-lip. They are to be made as follows. The one, it will be perceived, is the needle already in use, and known among surgeons as the American needle; the other has an opening in the eye; and their combined use constitutes my invention. They must be made of equal thickness from the eyes to the handle. The eyes should be as near the point as possible, the part in which they are made being flattened, *vertically* as it regards the curve of the needles.

The needles, one in each hand of the operator, are supposed in the following diagram to be passing the suture through a deeply incised wound a full inch from the surface; as soon as their points appear in the wound, the thread is taken from the eye of one needle, by means of the opening in the eye of the other; both needles are then withdrawn at

once : the thread being transferred from the right to the left hand needle, is of course left behind, and can then be tied. It is of great consequence that the exact curve should be preserved in forming them, that the eye should be as near the point as it can possibly be placed, and that each needle should penetrate the integument as far behind the edges of the wound, as it is designed to penetrate in depth, for reasons apparent in the diagram. The points, moreover, should be flat, and of the shape of those annexed—as indeed all needles should be, for a round and sharp-pointed needle is a wedge, and will penetrate with difficulty ; whilst these retain the cutting principle. It is important, also, to pay great attention that the little projection constituting that part of the cleft needle nearest its point, should not project above the opposite one, or it would catch in the muscle in withdrawing it. In short, if made precisely like the draft, they will work most admirably. For cleft palate, the handles may be made twice the length of those annexed.



I operated on a son of Judge Degroot, of English Neighborhood, N. Jersey, aged 9 years. Professor Parker, of this city, was present. The case was a compound hare-lip, and it was necessary to remove a portion of the jaw and one of the upper incisor teeth. The lips were approximated with the above needles, and the case did well. I intend shortly to operate on the palate which is divided through the uvula and velum.

Though I have used them in eleven cases of hare-lip, I will state but one other. This was a patient of Dr. James Miller, of this city. It was also a compound case, and the patient was but 10 hours old. The child could neither swallow nor suck, without imminent danger of suffocation. With the exception of one of the stitches constituting the lower part of one side, for the cleft was double, the case did well. Union was perfect in seven days, and the child sucked comfortably.

A young girl was brought to the city, and placed under the care of the late Dr. Wright, by whom she was transferred to me. She labored under the distressing condition of an incised wound from the vagina to the rectum ; the latter being opened about half an inch, but the former full two inches. The injury had been received by sliding from a hay-stack and alighting on a scythe. I passed three sutures with my needles, and a perfect union was the result.

I have used them in many other cases, but the above explain them sufficiently.

E. H. DIXON.

New York, December, 1841.

DR. PAINE'S INTRODUCTORY LECTURE.

[Concluded from page 331.]

BUT, there is one physiological heresy of which I have not spoken, and with which we have been also favored by the physical speculators, which surpasses all others in its degrading tendencies—for it overthrows the science of physiology and medicine at its very foundation. Like all the rest, however, it was a doctrine of the dark ages. It appears to have had its revival in the *laboratory*, though not *exactly* within the prerogatives of that modest handmaid of Nature. It has, however, won its way extensively into medical favor, and chemistry is, as usual, thanked for the blessing.

This doctrine supposes that the fluids circulate in the small vessels by *capillary* attraction—just as oil ascends in a lamp-wick, or water is imbibed by a sponge. So we are told by Liebig, for instance, the great organic chemist, and by many others. The doctrine, I say, is necessarily subversive of all physiological, pathological, and therapeutical principles—since it is one of *mere mechanics*. All the important vital processes being carried on by the small vessels, it must be perfectly apparent, upon the doctrine of capillary attraction, that nothing of a vital nature can be performed by these vessels. In short, I know of no doctrine so derogatory to medical philosophy as this one of capillary attraction.

The ignorant *pretender* will tell us that all this is unimportant; though no one is so much directed by hypothesis, or theory, as this very pretender himself. Does not every empiric in the land prescribe his drastic cathartics for the purpose of cleansing the blood of its supposed impurities? Are they not exactly on a par, in their doctrines, and in their practice, with the most speculative of our enlightened humoralists? Nay, have the ignorant portion of that sect, our Brandreths, our Morisons, *et id omne genus*, any reference whatever to facts or experience? Is it not all hypothesis, and, therefore, all a reckless waste of human life? How is it with the homœopath? Certainly all hypothesis, and never a fact but such as demonstrate his errors—if nothing worse. Mount up the scale, and you shall find at every step of your ascent, from him who *prowls* about the outskirts of the profession, to him who directs the all-potent drug with the most consummate skill, that each and all mainly rely upon their conceptions of the *philosophy* of disease. But you shall also find, that in proportion as Nature has been taken for their guide, and as medical principles are founded upon the absolute phenomena of life, in their healthy and morbid aspects, *there* will always be the greatest reference to facts and experience. How momentous, then, that we should follow Nature, and that our theories should be derived from her observation alone.

The human mind *will have* its theories upon all subjects; and the whole history of medicine is a perpetual exemplification, that in no inquiries do theory and hypothesis abound so universally as in the healing art. This arises, in part, from the intricacies of the subject, but mostly so from the constitution of the mind itself. The Almighty *designed* it for theoretical conclusions, and set us the *example* in those stupendous Theories upon which the Universe, and all it contains, are founded. And

what else are, or should be, *our* theories, than finding out and adopting those of which He is the Author? What other theory in the *natural* world can there be, than *such* as are instituted by the Almighty Being? And shall we hesitate to embrace, and to act upon *such* theories? And yet it is one of the improvements of our day, to insist upon nothing but facts, and to denounce all principles in medicine; as if the Almighty had not ordained principles and laws as well as facts—which are mere emanations from the former.

But, who are they that would thus convert our noble and stupendous science into its barbarian infirmities? They are the greatest theorists of the age—promulgating their speculations under cover of this pretension. This propensity of the mind to theorize is strikingly illustrated, for example, in the writings of Louis (a distinguished Parisian physician), who, although condemning theory and generalizations in medicine, is the greatest speculatist of any era; nay more, he has embodied in a work which purports to be a simple record of facts, a greater number of hypotheses than can be gathered from the whole field of medical literature.

We *must*, therefore, have theories in medicine; and, therefore, let us have the *right* ones. Right or wrong, they grow irresistibly out of the constitution of the mind and the fundamental laws of nature. Let not the mind indulge its great natural propensity without a constant reference to those laws, through the medium of their phenomena. The elements of the former are simple, immutable, and easily known by their manifestations. These manifestations are the facts, and form the substantial ground of all intellectual acquirements. As they relate to organic beings, to their laws, their properties, their functions, whether *morbid* or *healthy*, they are to be found in the organic being *himself*—not in the workshops of the chemist or of the mechanical philosopher. But, even where the mind admits this proposition, if prone to speculation, it too often regards each fact by itself, and rears up hypotheses wrong in themselves, and in conflict with each other. Facts should therefore be compared before they are reduced to theory; or, where they may conflict with acknowledged principles, they should remain in an isolated state till their true nature may be better understood, or till the principles which they appear to contradict may be shown to be erroneous. Had this consideration been duly regarded, had the Attributes of the Almighty been properly respected, or the thousand facts in physiology, our age had not been stained with animal magnetism.

Should you meet with some fact which appears to indicate the dependence of life upon chemical or any other physical forces, the evidence to the contrary is so various and conclusive, that *that* fact must be considered as deficient in some of its elements, which, if known, would readily bring it under a well-established principle in physiology. These absent elements are some other facts which escape our observation, perhaps through necromancy or imposture; and thus what is truly fact, in an abstract sense, is made the groundwork of important error. And did those of you, who venerate the Mosaic Record of Creation as the Word of God Himself, never entertain a *hope* that Geology may yet discover *other* facts which shall bring *such* as are known into better harmony with the Word

of God? May we not believe, as we shall soon see has been often the case with hypotheses founded upon partial facts, that a *solitary* discovery may yet show us that our geological premises have been deficient in a most fundamental element? Should we not *tremble* over the ruins of about one hundred theories of Creation, which, by a recent decision of theoretical geology, even in the metropolis of France, are pronounced "unscriptural and unworthy of record"? Would it not be safer to *rest* upon our facts, and be contented for the present to *know*, that "in the beginning God created the heaven and the earth"; and, in believing this, to think it also *possible* that the subsequent annunciations are equally true? It strikes me, at least, that this is not only the safer, but the *philosophical* course.

But leaving sacred, for our more appropriate subjects, there are principles which are not as clearly confirmed by an observation of nature as the laws of life; and, in such instances, it may be that the supposed principle and the conflicting fact should mutually stand the ordeal of inquiry. This will be accomplished by a full revision of the facts of which the principle had been predicated, and by the multiplication of other facts. It may be found that they do not all harmonize with each other, or it may happen, as with organic beings, that there is a perfect coincidence. In the former case the principle is *prima facie* false; in the latter, it is *prima facie* true; but neither induction will be certain till the newly discovered fact is reconciled to those upon which the principle had been founded, or is shown to be in absolute opposition. In the former case, the principle stands, and derives farther confirmation; in the latter, it is more or less shaken, or may be overthrown and the facts become assembled under a new doctrine.

It sometimes happens that the discovery of a new fact will overthrow the most brilliant theory. Had Christison succeeded in that higher pretension than was ever made by the alchemists—that of converting cyanogen into silicium, he would have upset the whole science of chemistry—and in *this* respect he would have rendered a service to physiology. In the instances, however, to which I am now referring, the theory is generally of a compound nature, and some of its elements rest upon facts which nothing can invalidate. In such cases, also, the facts are of a demonstrable nature, and that which invades the theory is clear, specific, and liable to no uncertainty. La Voisier, for instance, laid down the doctrine that oxygen gas is a *supporter* and the *only supporter* of combustion. The former part of this doctrine must remain forever true; the latter was only good till some other substance should be discovered, which, like oxygen, would maintain combustion. It was so far a hazardous principle, as it was concerned about abstract facts, and might or might not, therefore, be a fundamental law of Nature. The very next revelation of the laboratory might show that this part of the theory was a mere assumption—as it certainly was. A *single* fact was only necessary to the purpose; and already not less than three other agents are known to be supporters of combustion. Some have even supposed that all cases of intense chemical action, where heat and light are developed, are instances of combustion; and then we have spontaneous human combustion, for

which no theory has been assigned. But, the universal doctrine, which respects heat and light abstractedly, rests principally upon the two facts just stated, and is otherwise deficient in the analogies which relate to true combustion. It is, therefore, like Vacca's doctrine of inflammation, and that of spontaneous human combustion, probably nothing but an assumption.

Again, it was supposed to be a law that oxygen was essential to *acidity*; and although it be generally true that this substance is the acidifying principle, others are now known to exist. Here, this great agent placed the same theorist in another predicament corresponding exactly with the calamity which befel the doctrine of combustion. The theory was partly true, and partly false; whilst its universality was overthrown by a single fact. In all such instances, where the laws have no great range of phenomena, it is unphilosophical to theorize beyond the absolute facts in possession. But, here also, other theories, of the same latitude and uncertainty as that which supposes combustion in all cases of intense chemical action, when light and heat are developed, have sprung up—some chemists supposing that acidity often arises from the associated effect of several elements.

In the examples before us, therefore, we not only see how readily certain doctrines, which rest upon abstract facts, may be overthrown by a single discovery, but with what readiness the mind starts off upon hypotheses when opportunity arises for the exercise of ingenuity. It is the peculiar misfortune of science to generalize too hastily; and it often happens that the explosion, or the introduction, of one error, is the parent of many others. It is also astonishingly true, as we have especially seen of the doctrines of life and disease, that a few phenomena are abstracted from the whole, of which they may be only sequences of the others, and are made the ground of doctrines which are in perfect conflict with other and better theories that are instituted upon the *more fundamental* facts;—and thus a blind disregard of consistency is permitted to prevail, till a most incongruous series of assumptions is presented to us as the science which Nature teaches.

Although facts are the only foundation of theory, it is not unfrequently the case that certain existences, and the laws by which they are governed, may be fully demonstrated without any knowledge of the *nature* of the fundamental subject to which they refer. This, for instance, is true of light; for, although we know not the condition in which it exists, or whether it produce its impressions by impulses and oscillations, or by projections, &c. (from near or remote objects), the laws of reflection and refraction are permanently fixed. The same affirmation may be made of electricity, and the laws which this remarkable agent obeys. And so, also, of heat. These laws, and those in relation to light, are founded upon such facts as cannot be shaken; and when, therefore, apparently conflicting phenomena may arise, we may be certain that they will be ultimately reconciled to the established principles. Least of all can any theory of the *nature* of light, heat, or electricity, or of the modes in which they are developed, affect the laws which have been founded upon their phenomena. And though it be possible that light, electricity, and heat,

are modified states of a common substance, their phenomena, and the laws which are predicated of those phenomena, declare that some peculiar, but unknown imponderable substance exists, upon which those phenomena depend. They declare it to be *sui generis*, differing as much from all things else in Nature, as was its distinct and specific Act of Creation, when the Almighty said—"Let there be light, and there was light." We *know* it to be different from every other existence, because it is distinguished from all others by its phenomena and laws.

Just so is it, gentlemen, in respect to the powers and the laws of organized beings—the whole animal and vegetable kingdoms. It matters not whether the principle of life, whose elements we denominate the vital properties or vital powers, be ponderable or imponderable, tangible or intangible, or, like the soul, immaterial; for, like the soul, and light, it has its infinitely diversified and peculiar phenomena, and its peculiar laws. Like the soul, and the principle of light, therefore, it must have a real existence—as real as was that other specific Act of the Almighty Being by which He superadded the vital principle to man, when He breathed into his inanimate structure the breath of life;—and therefore, by analogy, by Unity of Design, and by some analogous process (of which the foregoing annunciation is probably metaphorical for its greater intelligibility), into all other organic beings. How stupendous the conception—how corroborated by all the phenomena and laws of life—*how atheistical the doctrine which engrafts those vital properties upon the elements of matter, that they may rob the Almighty of His highest of all prerogatives—the creation of living, intelligent beings!* And may it not be that the announcement of the creation of "the breath of life," *subsequently* to the institution of the organic structure, was especially intended to prohibit this very doctrine which ascribes to the elements of matter the essential requisite for organizing themselves?

We may be ignorant of the *principle* of life, yet understand its whole government; and the objection is perfectly futile; that we cannot reason about that principle because we cannot demonstrate its nature. Will you deny the existence of the soul because you cannot see it? Will you deny the Almighty because the eye cannot see Him that made it? What else do we know of the most tangible substances, than that they exhibit certain phenomena? Did not Berkeley reject the testimony of his *senses*, because he could not comprehend the *nature* of matter? But, did not *consciousness* compel him to recognize the immaterial soul, when he denied the existence of the *body* which it inhabits? Do you go to Revelation for your proof of an Almighty Being? Then, by the same rule your faith must repose upon the declaration, that man was first created an inanimate structure, and that animation was superadded as a distinct Act of Creation. Take either ground, Revelation, or the phenomena of Nature, and you must be consistent. Here, as in most things, Revelation and Nature mutually illustrate and sustain each other. Their annunciations are equally direct upon the subject before us, and open to the understanding of all. Our conclusions, therefore, flow irresistibly from *whichever* premises you may select.

Although it be rather premature, I will carry on my illustration in re-

spect to life, by supposing the existence of some principle analogous in its material nature to that of electricity, or light, though essentially different in its constitution. Grant this fact, and skepticism is at once dissipated. You *see* and *feel* the thing, and yield to your sight and touch where you would not to thousands of demonstrations which are less likely to deceive. You grant the principle of light as an imponderable substance, because it impresses the sight, and this is your only natural proof of its existence. But, when *this* solitary proof is withdrawn by the interposition of the moon between us and the sun, your belief in the existence of an universal elastic medium, capable of being again rendered luminous by solar impulse, is in no degree affected. You go on to believe, though you do not even *see*, and have nothing but a dead analogy to impress the conviction.

Supposing, then, that organized beings possessed a principle of life that could, like light, be *seen*—they would then be allowed to be governed by this agent, and we should be relieved of the encumbrance of the physical and chemical hypotheses. But, though no such principle address itself to the sight like electricity or light, its existence is far more variously and conclusively attested by other phenomena. These phenomena, results, or facts, determine also the nature of the laws which prevail throughout the animated kingdoms; and, being wholly different from such as rule in the inorganic world, it is *prima facie* evident, that powers or properties of which they are predicated, carry on the processes of health and disease. But, it is not *analogy* alone which forces this conclusion. The facts of which it is affirmed are incomparably more numerous and specific than those which appertain to all other powers of Nature; whilst the scrutiny of ages has never produced a fact in opposition.

Indeed, with so much light upon our subject, so much of fact to substantiate our conclusions, it would seem highly probable that all facts which may be raised in opposition have no relative bearing, and that they are brought forward in the spirit of hypothesis.

The more comprehensive a law may be, the more readily is it known and determined, and the less likely is it that apparently conflicting facts will arise. Whenever such are produced, it is owing to a want of proper investigation. The facts are examined superficially; and the speculative or the credulous mind seizes upon some prominent characteristic, and pushes its opposition to nature under the spur of novelty, or the delight of discovery, or the goad of ambition. This, as we shall ultimately see, is emphatically true of the application of chemical forces to the processes of life, and of the more strictly physical to the interpretation of disease and therapeutics.

Let us now apply these remarks in the way of another brief illustration. When Crawford promulgated his doctrine of animal heat, which was founded upon chemistry, it *should have been* obvious that his *indispensable* facts were only assumptions; since all analogy in relation to organized beings rendered it in the highest degree probable that chemical agencies have no lot in the function of respiration, or in the production of animal or vegetable heat. The properties of life are too universally concerned with the results of organic beings to admit the probability that

Nature is so inconsistent with herself—or, rather, the Almighty with Himself, as to have instituted a great system of government for the special economy of the organized kingdoms, and at the same time have admitted the forces of inorganic matter to determine *some* fundamental result; and that result, especially, having intimate alliances, and close affinities with all such as clearly depend upon the vital principle.

Crawford's doctrine, however, prevailed almost universally, till it was finally shown, by the chemist himself, to be defective in the necessary facts. Chemistry then started off in pursuit of other hypotheses of animal heat that should be conformable to its own habits and prejudices. It elaborated a now prevailing doctrine that heat is evolved by the conversion of the fluids into the solids, with some mysterious connection with atmospheric air. But, it overlooks the perfectly subversive fact, that adult warm-blooded animals have an uniform and exalted temperature, and that an exact equilibrium is preserved between the conversion of the fluids into solids and of the solids into fluids, whereby the temperature of all adult animals should be regulated by that of the surrounding atmosphere; whilst in infancy, the temperature is lower than in adults, although nutrition overbalances secretion. These facts are irresistibly conclusive against the hypothesis, and are one of the numerous examples in which chemistry has introduced into organic philosophy doctrines which are in total opposition to its own well-established laws. Other hypotheses, of a similar nature, have sprung up upon the ruins of Crawford's—neglecting all Unity of Design, sifting the facts for such only as are plausible, regardless of all the opposing phenomena of life, and scouting the grand principle in philosophy which forbids an unnecessary multiplication of causes. Before this invasion of chemistry upon the vital doctrine of organic heat, the phenomenon was expounded upon purely mechanical principles, as digestion had been; it being supposed to arise from the friction of blood upon the circulatory vessels. Here, however, was something which was merely contingent, and in no respect involving a violation of principle; and I would far sooner take this palpable error, than the absurdities of the laboratory.

It will be a part of my *agreeable* task to exhibit the fallacies of the physical hypotheses of life and disease, as well as to inculcate principles which exalt our science above the mere world of matter, render it consistent in all its details, and present it to your attention as a department of knowledge fundamentally distinct from all other pursuits. Then shall you feel the quickening influence of a philosophical knowledge which distinguishes you from the rest of your race—of a knowledge which led the great father of our art to affirm that “a philosophical physician is like a god”—when you shall have some ennobling glimpses at a system of principles and actions of which the profound in other sciences have no just conception, and which you *alone* are qualified to direct to a great and specific result.

And this carries me again back to the essential philosophy of disease. Assuming that morbid actions are carried on by the forces which govern the natural functions, we may rationally conclude that every pathological change consists in some new mode of action which has been induced in the vital powers by morbid causes, and that the object of therapeutics is

to restore the natural condition of those powers. When, therefore, we hear that inflammation, fever, or venous congestion, are constituted by stagnation of blood, and that all their results are interpreted by physical agencies, we may be certain that such hypotheses have no foundation. But, allowing these remarkable exceptions to the ordinary course of nature, what would science be worth, what its advantages to mankind, when thus surrounded by exceptions which cover the whole fabric with doubt, and which divest the most important diseases of all ground for any intelligible treatment?

There is no practical pursuit, in which consistent and philosophical theory is so important as in medicine. Every practitioner, as I have said, is irresistibly influenced by theoretical views of disease, and none more so than they who are most ignorant of its merits. How important, therefore, that our first theoretical conceptions should be *right*—since, being right or wrong, they will be either for good or for evil. Where medical doctrines are not laid upon the broad basis of Nature, or where mechanical or chemical philosophy is allowed to usurp the place of *vitalism*, you will commonly find that theoretical views, and the application of remedies, are at the mercy of every prominent symptom. As new symptoms are constantly rising as the disease acquires exasperation, the hypotheses and the treatment undergo the most contradictory changes—being often within a few hours in absolute opposition.

Thus, gentlemen, you perceive that neither the poorest nor the best of us can move without *theory* as well as experience for our guide; and it behooves us, therefore, to lay well the foundation of medical doctrines. Whether true or false, they will surely operate; and nothing is more difficult than to correct the errors which we imbibe in the course of a medical education. It is with a view to the importance of these objects, that I have addressed you in this general manner in my first lecture, as well, also, to give you some apprehension of the objects of my course, before we embark upon a consideration of the *Materia Medica*, which I shall teach you in its special relations to medical philosophy. The field over which we shall travel, is of boundless extent, but is everywhere marked by prominent outlines. These outlines I shall be mainly employed in presenting to your attention, under the scrutiny of a vigorous analysis. They have all an intimate association—beginning in simplicity and ending in unfathomable complexity; yet always true to the simple elements, and always determined by immutable laws. Beginning with what is simple, we shall ascend, step by step, to what is complex—till at last, and along a chain of the closest analogies, we attain the most intricate of the whole, and which embraces every part of our plan—the consideration of remedial agents, and their just application to disease. I shall endeavor, therefore—feebly it is true—to teach you the *Institutes of Medicine* as they are founded in Nature, and with an undeviating view to the *Materia Medica*. And that this great ultimate object of all medical acquirements should have been taught in our schools apart from the *Institutes of Medicine*, has always appeared to me an artificial and unnatural separation. I know not, indeed, how the *Materia Medica* can be intelligibly taught without being associated with extended instruction in the

principles of physiology and pathology, to which the investigation of every article should have an unceasing reference. Isolated from these, the *Materia Medica* can, at best, consist only of a dry detail of facts, without a spark of the animation of which it is susceptible, with no associations to illustrate its vast and endless relations to disease, or to connect them with memory—nothing to govern their therapeutical application, but the monotony of an empiricism as sickening as the drugs themselves.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 29, 1841.

PUBLIC HEALTH OF BOSTON.

In a conversation, the other day, with Mr. Hewes, the venerable Superintendent of Burials, he observed that the mortality of Boston, the past year, would not exceed that of 1840, which was by no means so large as that of many other cities. No epidemics have prevailed, nor has there been any alarming outbreak of disease either in Boston or its environs, in 1841. At this time there is an increasing prevalence of scarlet fever, chiefly confined to small children, and attended with the severity of symptoms which usually marks that disease at mid-winter. Although a considerable number of deaths by this disease has been returned at the Health office, it is not precisely correct to say that the malady is alarmingly prevalent.

Rheumatic affections have been very common of late: even young persons speak of suffering intensely by those deep-seated pains in the articulations—the shoulders, for example—which have usually been mostly confined to aged people, who have led a life of exposure. The variable character of our northern climate, together with the luxury of hot rooms, and badly-ventilated sleeping apartments, explains very satisfactorily the cause of rheumatic sufferings in those who have hardly entered upon the active stage of life.

Report of the New-Orleans Board of Health.—We have had by us, for several weeks, a report signed by Dr. E. H. Barton, President of the New-Orleans Board of Health, dated Nov. 17, respecting the late epidemic in that city. We intended to insert it entire in the Journal, but have been unable to find room, and can now but refer to some of its more important statements. In announcing that the epidemic, which had been of long continuance and malignant severity, was at an end, the Board take pleasure in referring to the kindness and sympathy which have been manifested towards the sick and afflicted, at an expenditure of many thousands of dollars. The whole number of deaths by the fever, reported to the Board during the season, up to Nov. 1, was 1325; of which, 561 died at the Charity Hospital, probably near 500 at the other hospitals and charitable associations, and the balance in private practice. These deaths are considered as so many victims to the *acclimating process*, out of a probable number of 1600 subject to it at the commencement of the fever. The mortality is presumed to have been 10 to 12 per cent. in private practice,

and from 30 to 40 in public and private hospitals. The gratifying fact is stated that no instance has been known where a *second acclimation* was necessary among those who have suffered from the fever, unless in the interval several winters had been spent in a northern climate. A comparison is instituted of the epidemic of the present year with those of former years, to show that its fatality is less now than formerly. There have been ten yellow-fever years since 1803, and the average loss by the fever is stated to have been not over 800. The most fatal one was that of 1822, when the deaths were 803, or 1 in 53.28 of the entire population, whereas during the last season the deaths were only 1 in 78.12. A table is also given of the mortality from all diseases for the months of August, September and October, in the years 1817, '19, '20, '22, '23, '37, '39, and '41, showing a ratio to the entire population, respectively, of 1 in 37.62, 1 in 33.09, 1 in 47.63, 1 in 31.60, 1 in 37.27, 1 in 38.76, 1 in 61.73, and 1 in 49.15. From a comparison, also, of the mortality of the years in which the epidemic *did not exist*, from 1820, the Board come to the conclusion that there is a gradual amelioration in the climate, the mortality having improved from 1 in 29.03 in the first of those years, to 1 in 35.41 in the last. By deducting from the last the mortality of the Charity Hospital, the ratio will be 1 in 46.70, and during the two last non-epidemic years only, 1 in 51.15. Of the deaths by fever during the past season, 1000 were from foreign countries, and nearly 600 were of less than one year's residence in the city.

Dr. Draper's Lecture.—Dr. C. A. Lee had the goodness to send the introductory of the Professor of Chemistry in the University of New York, Dr. Draper, which came near being overlooked in the mass of pamphlets which poured in upon us last week; but, happily, it was recovered in season to say that it is a creditable performance. It appears plain to the reader of it, that the author has no idea of being a mere guide-board in the University—pointing the way—but that he intends going on the road himself, in company with the inquirer, to show him minutely and understandingly all the objects on the route. Only one extract can be made to-day—but more are in reservation, and we are sure they will be read with pleasure.

"The changes that we see in living things, are the consequences of fixed and immutable laws. The acorn never produces a fir tree; nor by any art or device, does any living thing escape its final dissolution; there is, as it were, a stern necessity in the case; a law of mutation, which prescribes the origin, the progress, the end of everything. The hardy form of the strong soldier, must change into the care-worn aspect of the broken veteran. Whilst, then, physical and chemical forces have their operation, do not misinterpret what I say—there is something more than these. When I reflect on the powers of the human understanding, I am lost in amazement. What is it that gives to the mechanism of the brain these marvellous qualities? I perceive, that on its tablets are registered all the events that have happened in my life; there, too, are the impressions of all that I have heard, and all that I have read. There, too, are engraven the shadowy forms of the innumerable words and names of things, in the different languages I know. There, too, are pictured the facts and events which compose the domain of history and the sciences. In those silent galleries are hung the portraits of the friends that are

around me, and of the friends that are dead. I call up lineaments whose realities are gone to decay, and re-visit again the scenes of boyhood. The intricate music of Italian singers still lingers there, which I listened to years ago; or the more simple melodies of a country life. The echo of those prayers is still heard, which an unskilful tongue first learnt at a mother's knee. And now the power of remembering things that are past, is only one of the many functions of the brain; is it not also the seat of all that passion dictates, the source of all that action performs? In it are the first seeds of all that we resolve; and by it are received all those impressions which afford us pleasure or give us pain. The higher powers are also there; and, above all, it is the house of REASON. Shall I then fail to assert the presence of a controlling principle of intellectuality, the operations of which I feel, the existence of which I know?"

Baltimore Animal Magnetism Report.—Although the newspapers of that city had circulated, extensively, the result of the animal-magnetism exhibition in Baltimore, a regular report, under the signatures of Drs. C. A. Harris, T. E. Bond, Jr., &c., has subsequently appeared, in which the details are as circumstantial as could be desired. The concluding words of the report read thus—"In conclusion, it is our deliberate opinion that the whole exhibition by Dr. Collyer, was a miserable trick, and an insult to the good sense of this people." What will the impartial, scientific Boston committee on animal magnetism say to this?

Vermont Medical College.—By the circular, which is distributing, we are reminded that the annual course of lectures will commence at Woodstock, in March next, in the new College edifice erected the past season: A new professorship, of *general and special pathology*, has been established. The board of faculty consists of seven professors, who are gentlemen distinguished for their professional attainments. By an act of the Legislature, passed in 1835, this institution was made independent of any other in the State—the charter declaring that the "trustees shall have power to give and confer all such medical degrees, honors, diplomas or licenses, as are usually given or conferred in Colleges or medical institutions."

Medical Almanac for 1842.—After mature deliberation it has been thought advisable to publish the next volume of this Almanac in July, instead of January, for the purpose of embracing the statistics of the medical schools, which will then have closed their lecture terms. This will also afford an opportunity of obtaining the names of newly elected officers, &c.—besides enabling the editor to embody a variety of local and general medical intelligence, not to be gathered at a much earlier period. Publishers have brought in their experience to influence us in this arrangement. Those gentlemen, therefore, who have ordered the work, must have patience till about the middle of the year, when it will be published, and will then embrace parts of two years in the information it communicates.

Statistics of Lunacy in the U. States.—According to the last census, there are in the States, 4278 insane and idiotic white persons, supported at the public expense, and 1000 at private charge; of colored persons,

1957 at the public, and 845 at private cost. The whole number, therefore, of lunatics and idiots, collectively, is 17,080, in a population of 17,013,379. According to the researches of our accurate friend, Dr. Brigham, the average number of persons who annually become insane, in the United States, is 5719. No country in the world has such ample and generous provisions for this class of sufferers, as have several of the northern and middle States. The principles which called these admirable institutions into being, are extending themselves, and we fondly expect that within a few years, no State in the confederacy will be without a well constructed and well managed insane hospital.

Ulcerated Tongue.—Very many persons, we learn, have suffered within the last few weeks, with a singularly inflamed condition of the tongue, which, after having remained considerably swollen for two or three days, becomes studded over on the upper surface near the apex, and at the sides, with minute, ragged, smarting ulcers. In connection with this, it occurs to us that some gentleman has spoken of the prevalence, in this neighborhood, of a similar diseased state of the tongue in very many horses. Will some one collect the facts?

Success of the Operation for Strabismus.—Various hints have been thrown out recently, both in this country and in Europe, especially in the latter, that the division of the muscles of the eye for the cure of strabismus had been proved nearly or quite useless, by the return in a short time of the pupils to their original mal-position, or the occurrence of a divergent strabismus. No proof, however, of this unexpected result, founded on any number of cases, has come under our observation. Indeed the only statistical return of cases of a year's standing which we have seen, presents quite a different result. The one to which we refer is contained in a late No. of the London Medical Gazette, and is furnished by F. B. Dixon, of Norwich. He gives a list of forty-one cases of strabismus convergens treated in November, 1840, by division of the rectus internus. The results, as ascertained mostly by actual inspection, were:—thirty-one cases, where both pupils are perfectly central; five cases, where the pupil of the eye treated is perfectly central, with slight obliquity of the other eye; three cases of complete reversion of the pupil of the eye treated to its deformed position; two cases where the squint was changed to a leer. Mr. D. adds—"Although the operation is not certainly and uniformly successful, it has every right to be classed among established surgical operations, inasmuch as it exhibits a fair general average of prosperous results; and what more can be said in favor of any surgical process?"

Guaiacum in Cynanche.—Large doses of guaiacum have lately been given successfully by Dr. Carson, in England, in cases of inflamed tonsils. In one of the cases, reported in the Medical Gazette, ten grs. of powdered guaiacum were given three times a day, and a warm poultice applied to the throat. During four days the size of the tonsils diminished slowly each day, and all the symptoms improved. The dose was then increased to a scruple thrice a day. The improvement was more rapid, and in five days more the tonsils were nearly natural.

Etymology of a modern Term in Surgery.—MR. EDITOR: Having recently seen Dr. Mott's circular respecting his Institution for the treatment of Curvatures of the Spine, &c., which he denominates Orthopædic, I notice that he spells this word with the diphthong æ. Dr. Brown, of this city, who was the first in this country who opened a similar Institution, denominates his, Orthopedic—i. e. he omits the o. As you are a linguist, Mr. Editor, will you be kind enough to settle the orthography of the word.

Answer.—We believe the substantive orthopedia and the adjective orthopedique are of French coinage, and we suppose Dr. Brown converted the latter into an English adjective, by substituting *ic* for *ique*. We see no reason why this is not proper; but if we revert to the Greek and coin an English word from *orthos*, straight, and *pous*, foot, it would be orthopodic. If we derive it from *orthos*, straight, and *pais*, child, it should be orthopædic. If from *orthos*, and *poico*, to make straight, it would be orthopoetic or orthopætic. We are at a loss to know from whence orthopædic is derived, and see no reason why the word should not be spelt orthopedic—as first introduced into this country.

Connection between Abundance of Food and Mortality: by M. Melier.—In this memoir, which was read at the Academy of Medicine of Paris on the 7th of September, the author established, by numerous documents drawn from the histories of various countries, that the number of deaths always corresponds with the price of food. "Wherever there's a loaf added, there's a man born," said an economist: and nothing is more true than this metaphorical expression. If we represent the variations of the general mortality and those of the price of bread at different times, by two curved lines which rise and fall with all the fluctuations of these particulars, we shall find all their curvatures exactly, and with the most perfect regularity, corresponding. The constant increase of the population of France for a certain number of years is easily explained by the progress of agriculture, the modifications which the laws relating to corn have undergone, and especially by the introduction of potatoes. The influence of the dearness of food, however, is observed more distinctly in the year next following than in that in which it has occurred.—*Gazette Medicale*, Septembre 10, 1841.

Spinal counter stimulation in Congestive Fever.—Dr. Jno. B. Baird, of Franklin, Ky., writes us as follows: "In this neighborhood, this fall, the fevers were wont to assume a congestive type, and the bowels to be obstinately torpid—the strongest cathartics, repeated from day to day, producing no alvine evacuations. In such cases, sinapisms over the spine, as recommended by Professor Yandell, Professor Caldwell and others, invariably produced the desired effect, if used in time, and those who were treated without them, as certainly died."—*Western Med. Jour. of Sci.*

Number of deaths in Boston for the week ending Dec. 25, 38.—Males, 20; Females, 18. Stillborn, 2. Of consumption, 5—droupy, 1—scarlet fever, 2—old age, 2—droupy in the head, 2—croup, 3—infantile, 3—brain fever, 1—disease of the spine, 1—erysipelas, 1—droupy on the brain, 1—droupy in the chest, 1—fits, 1—inflammation in the throat, 1—inflammation in the head, 1.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JANUARY 5, 1842.

No. 22.

COMPTONIA ASPLENIFOLIA. SWEET FERN.—A REMEDY FOR THE TÆNIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS is an indigenous shrub, from two to four feet high, growing in a shallow soil, in rocky situations, throughout the northern and southern States. Its generic name was given it by Dr. Solander, in honor of the Right Rev. Lord Bishop Henry Compton, of London, a distinguished cultivator of exotics. It is placed in class 19, order 3, of Eaton—50th natural order of Linnæus (amentaceæ), and 99th division of Jussieu's Natural Taxonomy.

Botanical Description.—Male flowers, ament cylindric; with calyx-scales 1-flowered; corol 2-petalled or without petals; filaments forked. Female flowers, spike ovate; calyx-like corol 6-petalled; styles, 2; nut, 1-celled, oval. Blossoms in April. Leaves alternate, alternately crenate-pinnatifid, revolute, ciliate; resembling those of the spleenwort (asplenium); hence the specific name. Shrub very branching; branches reddish; recent ones pubescent. The engraving represents a small branch of one summer's growth.

Medicinal Properties.—It is classed with astringents by Linnæus, and is considered aromatic, astringent and stomachic by Jussieu. Drs. Barton and Bigelow ascribe to it astringent and tonic properties. It has frequently been used with very happy effect in cases of diarrhoea and of general debility; and the decoction, as a fomentation in rheumatism. In cholera infantum it has, also, been much used. Dr. Barton, in his "Vegetable Materia Medica," says "the decoction sweetened forms an extremely grateful drink for children in the summer complaint, and from its moderate astringency and bracing and tonic effect on the bowels, it will always be found to be an useful auxiliary in the treatment of this disease. I gave it, last summer, to one of my



children, in this complaint, and with encouraging success." Shæpf ascribes to it still other virtues.* Recently it has been gaining considerable celebrity as an anthelmintic; especially has it been supposed to be an useful remedy when properly directed for the removal of the tænia. The following is in favor of the supposition.

Case.—Mr. I. F., of U., æt. 35, formerly a merchant in Boston, had for many years been attended with symptoms peculiar to worm cases, and for twenty years past had voided, from time to time, portions of a tape-worm, some of them measuring several feet in length.† He had tried the remedies usually prescribed in similar cases, having gone quite through the catalogue of medicines denominated anthelmintics, but all to little purpose, as portions only of the worm could be got rid of. After he went to reside in the country in 1840, the *Comptonia* was recommended to him by some friend or neighbor; and he determined to give it a trial. He used it, therefore, in the form of a strong decoction or infusion, drinking large quantities daily for several days, then stopping its use for a short time and taking a brisk cathartic in the interval. This process he often repeated, and generally succeeded in removing a greater or smaller number of joints at each effort. One morning in July, 1840, he called to me from his door, saying he had something to show me. I walked to his house, and there found the troublesome animal exposed to view. It appeared of such enormous length that I at once proposed to take the measure of it; and the gentleman complying and lending his assistance, we found it to be forty-two feet long. Mr. F. had, for two or three weeks previous, been taking the sweet fern tea in larger quantities than usual, and the evening preceding the expulsion of the worm, he took an active purge. During the cathartic operation he discovered that the tænia was slowly passing, and for fear of its breaking off at one of the joints as it had done on all former, like occasions, waited patiently, sitting upon the stool nearly two hours, occasionally making very gentle effort till it passed; and an examination of the smaller extremity proved that we had now before us the *whole* "beast with its hydra heads," fairly vanquished.

It was the tænia osculis marginalibus (tænia solium of Dr. Good—lumbicus cucurbitinus of Dr. Heberden), the oscula being placed on the margin of the joints.

After this worm was expelled, the peculiar symptoms that had attended Mr. F. disappeared, and health returned.

Remarks.—Might not the *Comptonia* be serviceable in cases of alvine worms of every species, by stimulating the mucous coat of the stomach and intestines to a healthy action, by means of its peculiar tonic and astringent qualities, though it may have no *specific* action on the worms themselves? It is well known that the lining membrane of the alimentary canal, in individuals most afflicted with these animals, is in a relaxed and vapid condition, and of course, its secretion vitiated; hence it would seem that one important end to be gained in the treatment would be to restore to that membrane its proper tone. As there appears to be a disposition in the alvine canal of some persons, children especially, to cherish

* Shæpf, *Materia Medica*, p. 142.

† Reference is made to this case in the "Medical Miscellany" of the Boston Medical and Surgical Journal, Vol. XXII., p. 418.

worms, owing, no doubt, to an altered secretion, this remedy might prove salutary by preventing their re-accumulation after a number of them has been expelled.

E. G. WHEELER.

Providence, October, 1841.

FEMALE ACCOUCHEURS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will you allow me to occupy a small space in your pages, with a subject in which I have been very much interested from the commencement of my professional career. It is the practice of midwifery by females. Every enlightened physician will cheerfully favor this proposition, if females can be found properly qualified by knowledge, and well adapted by character, for the performance of the duties of a midwife. That females may be found capable of being qualified, there cannot be any doubt, at least for the management of all cases which do not require instrumental aid. Having attended the Hospitals la Maternité and la Clinique at Paris, for several weeks, I have had a good opportunity to judge of the capabilities of the *Sages Femmes*, who were connected with these institutions, and to know that they were qualified to conduct and did conduct almost every case, while I was in attendance. In this country, of course, the same facilities for instruction cannot be had by females, as are had by the midwives of Paris. But, the same facilities can be had by them here, which are possessed by most of our medical students, and indeed greater advantages for a practical knowledge of the art, which it is unnecessary to speak of especially.

If, then, it is admitted that females can be properly qualified for the performance of the duties of midwifery, the propriety of entrusting them with these duties will not be questioned. Of course, when accidents occur, or when any of the diseases arise consequent to labor, the immediate advice of a physician would be required. The occurrence of accidents, and the development of disease, however, are very rare. They are as likely to occur in a case in the charge of a physician, as in one in the charge of a midwife.

In order to have skilful, intelligent and trustworthy midwives, they should receive instruction from a physician, and have their qualifications certified by him. In our city there are many women of good intelligence and of excellent character, engaged in the duties of *nursing*. This class of women are well known to the physicians, and they, almost universally, would be pronounced by them to be capable of acquiring by study a good, practical knowledge of the art of midwifery.

To promote the great object set forth in this paper, I am confident that every physician of refinement and dignity would furnish such aid as he might be capable of giving. Motives of pecuniary gain would not be allowed to influence such men. I am proud to say, that in our city, such is the character of the gentlemen in the practice of medicine, that a class of females who should engage to qualify themselves thoroughly for the duties of midwifery, would have their cheerful aid and encouragement.

My intention in this paper being only to call the attention of the profession, especially in our city, to the subject, I will leave it for the present without further discussion. I shall take occasion soon to make some propositions to carry out the proposed plan. G. D.

Boston, Dec. 23, 1841.

DRS. CARPENTER AND PAINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has been stated, I think, in your Journal, as well as elsewhere, that Dr. Paine, of New York, had detected Dr. William B. Carpenter, the learned and distinguished physiologist, of Bristol, in England, of gross plagiarism, viz.: of taking passages from the works of the Rev. Dr. Channing and publishing them as his own. I have never read Dr. Paine's pamphlet in which this charge is said to be contained, but I believe my statement is correct. The opinion I had formed on the subject will appear from the following paragraph.

I lately had occasion to talk with a personal friend of Dr. Paine's on this subject, and then said in substance, that I had great confidence in Dr. Paine's character for integrity, and did not doubt that he believed his statements to be correct; but that, without investigating the matter, I must believe there was some error in the case. This I founded on the high character of Dr. Carpenter. My opinion of Dr. C. was founded, in part, on what I had heard of him, from those who know him personally, and in part on his writings. It is, I think, impossible to read Dr. C.'s writings without perceiving in his mind that holy regard for truth which is inconsistent with the conduct charged on him. With this view of the case, I loaned to Dr. P.'s friend, above referred to, Dr. Carpenter's Comparative Physiology, as the best way of vindicating his reputation until something more should be heard on the subject.

I have now received from Dr. Carpenter the paper which I enclose, and which I beg you to copy in the next number of your Journal.

December 23, 1841.

I am your obedient servant,

J. JACKSON.

Copy of a Letter from Dr. W. B. CARPENTER, of Bristol (England), to Prof. DUNGLISON, of Philadelphia, in reference to certain charges made against the former, by Dr. MARTYN PAINE, Professor of the Institutes of Medicine in the University of New York, in his "Examination of Reviews, &c."

Bristol, Nov. 16, 1841.

MY DEAR SIR,—

Having just received from Dr. Paine a copy of his "Examination" of the Critique on his Medical and Physiological Commentaries, which appeared in the April No. of the British and Foreign Medical Review, I find, to my great surprise, that Dr. P. has thought himself justified—not only in singling me out as the author of it, and in animadverting upon what he considers to be its misrepresentations, as if they were mine

(thereby attempting to make that a matter of personal discussion between us, for which the Editor of the Review holds himself responsible)—but also in fixing upon me a charge of literary plagiarism, which is calculated, if I allow it to remain uncontradicted, to do great injury to my personal as well as to my scientific character.

Before going further, I must express my astonishment that any person holding the position which Dr. Paine occupies, should commit himself to so grave a charge against an individual, to whose discredit he *knows* nothing, upon evidence so flimsy as that which he adduces;—especially as he must have been aware that, from the distance of the accused party, his defence could not be laid before the public until many months should have elapsed since its publication, during which time an injurious impression would have been formed not easily to be eradicated. And I think that I have further a just right to complain, that Dr. Paine's inculpation of me is not confined to surmise; but that, after he has proved his point to his own satisfaction, he has taken it for granted, and, throughout the latter part of his pamphlet, has continually coupled my name with the accusation of gross plagiarism.

The evidence which Dr. P. adduces in support of the charge, is briefly the following:—Having made up his mind, from certain coincidences of opinion and expression, between the Critique on his Commentaries and my Principles of Physiology, that I must be the writer of the former, he has searched in previous Nos. of the same Review for articles written, as he imagines, by the same author. In this search he thinks himself assisted by references occasionally made from one article to another—the complete fallacy of which kind of evidence is exposed in Dr. Forbes's letter. Upon the same evidence, I must have been the reviewer of my own work; and I am not certain whether Dr. P. does not mean to insinuate as much. Any person, however, who carefully reads that review, which I did not see until it was in print, may find abundant evidence of the absurdity of such an idea. With respect to the other chief source of Dr. P.'s evidence—coincidence in opinion, and in the mode of expressing it—I will only say that Dr. P. shows great ignorance of the state of physiological science in this country, if he imagines that the opinions expressed in my Principles, on the subjects alluded to, are at all peculiar to myself; and it is very natural that one writer should almost unconsciously adopt the phraseology of another who has recently treated of the same questions, when desiring to express the same ideas.

So much for the evidence on which Dr. P.'s charge is founded. I have thus examined it, merely to show how unjustifiable it was in Dr. P. to charge me with the perpetration of a gross literary theft, upon no better grounds. The charge itself—that in a review of Hunter on the Blood, in a former volume of the same Journal, I unceremoniously adapted certain passages from Dr. Channing's Essay on Milton, to a very different purpose—is very easily disposed of. *I did not write that review.* To those who know me, my simple denial would, I am confident, be amply sufficient; but for the satisfaction of Dr. Paine, who, in his ignorance of my character, may think me as capable of asserting a falsehood, as of stealing a paragraph, I enclose a note from Dr. Forbes confirmatory of my assertion.

Dr. Paine considers that his identification of me with the plagiarist is triumphantly confirmed, by a correspondence which he imagines that he has detected between certain passages in my *Principles of Physiology*, and others which he has selected from Dr. Channing's *Sermons*. I am myself completely at a loss to discover this correspondence; and my friends here find it equally difficult. The falsity of this charge is as easily proved as that of the other: for *I have never* (I speak it almost with shame) *read the Sermons* from which Dr. P. quotes. The ideas which I have expressed, have so long been familiar to my mind, that I cannot imagine that they involve anything peculiarly *Channingian*. If any correspondence do exist, it is easily accounted for by the fact, that I received my education from one, who was for many years the respected and attached friend of that illustrious man, and whose mind, cast in the same mould with his, impressed mine with those habits of thought, which have led to whatever similarity may present itself between our published opinions.

In regard to Dr. Paine's criticisms upon the scientific opinions I have expressed in my *Principles of Physiology*, I shall not now offer any remarks; nor do I intend to take up the gauntlet from an opponent who has shown himself so destitute of judgment and of good feeling. Of the merits of our respective productions I am quite content to leave the public to judge.

Having few means of placing my statement before the medical public of America, save through your mediation, I take the liberty of so far trespassing on your kindness, as to request you to gain insertion for it in such Journals as may give it a circulation equal to that of Dr. Paine's calumnious charges against me.

Believe me to remain, dear sir, respectfully and sincerely yours,

WILLIAM B. CARPENTER.

[Dr. Forbes's letter, referred to above, as it is intended merely to confirm Dr. Carpenter's statement, is omitted.]

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VIII.

DEATH FROM THE PRICK OF A PIN.

It is curious to perceive how soon a new disease, when it is first described in any one part of the world, is recognized in every other part—and this in maladies which never were known anywhere as epidemics, and even in those which are caused by accidents. Whether this is owing to certain modes, habits, new articles of food, or old articles becoming deteriorated, all which may extensively occur, or to atmospheric changes, it may be difficult to decide. Or, again, are the accounts of new phenomena of this kind owing to the greater accuracy of observation in the moderns over the ancients? nothing being more common than for thousands to see what one man has discovered, but to which they would have remained forever blind had it not been shown them. In Dr. Good's last edition of "The Study of Medicine," issued from the press so lately as 1825, are ten or a dozen descriptions of diseases claimed to be "*strictly original*"*

* See Advertisement to his second edition, p. 8.

—cases of all which may, we believe, be found described in subsequent periodicals, as having been seen in various parts of the Old and New World. Of these, that which has impressed us as the most striking, is Erythema Anatomicum. Whether from the very slight cause from which it arises, its great liability to be incurred, its often ending in death, and the more than deathly sufferings which it entails on the afflicted, if he survives—as also its being accompanied with typhus fever, in which point of view it falls directly within the scope of our observations, it is exceedingly interesting.

We have, in our former Essays, adverted to the great rapidity with which causes producing fever sometimes act. And this celerity will be found as remarkable in the disease under consideration, perhaps more so, than in any other. In the fatal case of Dr. Cumming, related by Dr. Good, the local effects were felt in *about eight hours*. A restless night was passed—towards morning a severe rigor was experienced, succeeded by pyrexia, and death on the eleventh day. The injury received, if any, was so very slight that the doctor was not sensible of it. He was present at the dissection of a corpse, in which he took no part, and merely threaded a needle for others to sew up the body. Nor was he sensible of a pimple or scratch on his fingers, or of puncturing it in threading the needle. His first uneasy sensation was felt in the middle finger of the left hand, at the inflexion of the first joint, where, upon examination, was found a small, angry pimple. That there was something more than the mechanical injury, and that some virus was received from the corpse, in which death had been occasioned by puerperal fever, must be admitted. And this receives confirmation from the fact that a young woman who washed a towel which was used about the body, instead of a sponge, and who scratched her finger with a pin which was left in it, received the same disorder in an alarming degree, but finally recovered.

In the case which we are about to relate there was no dead body. But the patient pricked the middle finger of her right hand, at the inside middle flexure of the joint, with a pin left in a cloth which was used in fastening poultices to the feet of a young woman in scarlet fever, and which she was washing. She was a healthy, portly woman, of the African race, married, aged 62. This was on Saturday, Nov. 28th, 1840. Uneasiness, restlessness and wakefulness, occurred the same night, with pain in the finger. I saw her first on the Tuesday succeeding; found her with a tongue completely coated, white, the pile long; pulse quick and feeble, indeed with complete typhus fever. Pain extreme in the finger, which was very much swollen, as well as the back of the hand. But there was not at this time, nor at any time succeeding, any glandular swelling of the axilla. The affection seemed principally confined to the injured part, so far as it was local, for the first fortnight; and appearances at one time seemed favorable to its ending locally, as about the seventh day matter appeared between the injured finger and the one next to it. It was yellow and looked well to the eye, except an air-bubble, which is never seen in matter really healthy. The smell was offensive, the discharge rather copious. Arm and finger very much swollen, and not much diminished by the discharge. The pain continued pretty much

about the injured finger and arm, till the fourteenth day from the accident, when pain and swelling commenced over the ribs of the right side, and subsequently extended to the hip. These parts, by the early application of blisters, were prevented from suppuration. But three days afterwards, being the twentieth from receiving the puncture, the disposition of the swelling to wander over the body was strangely evinced by her bowels being swollen as much as in an extreme case of ascites. Diuretics were accordingly used. The next day the pain left the finger, and severely affected the left side. The discharge from the finger was rather copious, and the swelling of the arm somewhat diminished. On the back of the finger a sinus had formed an inch long, one third of an inch wide, and about the fourth of an inch deep, beginning at the knuckle joint. She can only be kept comfortable by large and repeated opiates.

On the 22d of Dec., the abdominal swelling having abated, an immense tumefaction was discoverable in the glutei muscles of the side opposite to the injury. It was as large as a large plate, and hard as a board, involving the hip, of the same side. It burst just five weeks from the prick of the pin, and discharged, as nearly as could be ascertained, from a quart to three pints at first, and continued to discharge, with another orifice which afterwards opened, to nearly the close of her life. She died Feb. 24th, ninety days after the accident, worn out with fever and universal irritation, and weakened with purulent discharges.

Of the universal irritation, it may be well to remark, that every joint seemed to partake of it, as was evinced by her screeches when she was moved, which I observed that her attendants did very cautiously, and in a blanket. I was careful not to diminish the discharge from the injured finger, for I repeatedly observed, that if it diminished, either fever, pain, or a disposition to a new swelling, was the consequence.

This case differs from erythema anatomicum, as described by Dr. Good, as he decidedly makes that disease to affect the glands of the arm-pit, and not to have much if any affection complained of in the part which was punctured. It is therefore doubtful whether this colored woman's having received the wound whilst washing the bandages of the girl who had scarlatina, had anything to do in aggravating the case. And yet from its strange and eccentric symptoms, I should incline to think it did. For the evidence adduced by Dr. Good fully goes to prove, contrary to M. Magendie's opinion, that there was no putrefaction in those bodies from whence the disease was contracted; neither in the several cases which he gives in detail, nor in ten others of which he received an account from various sources afterwards, but too late for insertion.

A peculiarity of existing fault in the habit has been resorted to in order to account for such very serious effects from trivial causes. And this seems to be Sir Astley Cooper's view, when he relates that few or none of the young men have any similar affections when they arrive at the hospitals in the fall; but that after their frequent intercourse with the wards and stay till spring, they become liable to them. This is directly the reverse of that state of constitution which is most obnoxious to yellow fever, which, as we learn from all quarters, is most apt to seize upon new-comers upon their first arrival. We are on the whole inclined to

agree with Dr. Good, that the malady cannot, in most instances, be traced to any existing previous vice in the habit. Nor can it in all cases be referred to any contamination derived from either living or dead bodies.

A few years past, Capt. H., a hale healthy-looking man, was shelling Indian corn with his hands, when he perceived a slight excoriation inside of one of his fingers. From that time the finger became swollen and painful, involving the hand and arm, which became gangrenous, and was amputated. Here it was hoped the disease would end. But the other hand and arm, without any lesion, became similarly affected, and his surgeon announced to him that he must lose it also. This he refused, saying he had rather go altogether, and he died.*

Erysipelatous inflammation has the migratory tendency which we perceive in the case of the colored woman. Now erysipelas is a frequent affection of the skin, but seldom of the cellular substance. But the peculiarity of *erythema anatomicum* is, that it has a tendency to seize on and spread about the latter; and also, as we should infer, to seriously injure, and where life is prolonged, to totally destroy the capsular ligaments of the joints.† A melancholy case of this is narrated by the sufferer of this malady, who lost the testicle of the affected side, and had a contraction of the arm, shoulder, and knee-joint, with the loss of general health, whilst the disease was unsubdued, and continued to progress.

Physiology and pathology have thrown more light upon anatomy than they have ever received from it; no anatomist ever yet having been able to tell the symptoms which accompanied a disease, by post-mortem inspection only. The physiologist and pathologist, however, have been enabled to indicate the affected viscera and tissues, by the signs and symptoms of the sick patient. The seats of excruciating pain, as of the forehead, the limbs, the ear, the eye, and the joints, seldom leave any traces in the dead body. But examinations of this kind are always important, as they serve to point us in other directions to look for them, and sometimes to shed light upon the mysterious principle of sympathy; and we were forcibly impressed with the interesting points of pathology which they may ultimately develop, when we lately noticed a case in which the internal viscera of the dead appeared as had the tongue when living—covered with a white fur.

It being now well ascertained that inoculation with a particle of matter from a dead body, can produce typhus fever, with that peculiar train of distressing symptoms dependent upon *erythema anatomicum*, it is a just inference to draw, corroborated by facts, that certain slight mechanical injuries will sometimes induce the same kind of erysipelatous inflammation. We do not suppose that there is the difference here which at first sight appears. In those instances where the fever, and other affections, begin with a mechanical injury, we are of opinion that an effusion and subsequent deterioration of a small quantity of matter ensues; in fact, that what was just before a part of the living body, is extravasated and dies; and has the same ultimate effects as if it had been received by the prick of a needle, which had been used in sewing up, or a knife which had

* We did not attend Capt. H., but had the particulars from his surgeon.

† See Dr. Good's note to his advertisement, 2d edition.

been used in cutting, a dead body. And what a glare of light this throws, when the frequency of spontaneous effusion and extravasation is considered, upon the cause of typhus, and all other fevers, every medical man will at once perceive. The pathology of locked-jaw is deducible from the premises herein embraced, which the medical scholar cannot fail to appreciate. But as we are more particularly engaged upon the pathology of fever, we forbear deviating into other paths.

How difficult a matter it is to discover the real nature, and to define the real presence, of fever, may be inferred from the various and conflicting opinions of physicians in all ages. That all fevers depend upon an inflammatory affection of some viscus, is not a new opinion, as it is mentioned by Senac, physician to Louis XV. Dr. Senac died in 1770; and if he did not originate the almost universal use of the lancet, he certainly used it as extensively as any one of whom we have any account, either before or since his time. He would even bleed in the profuse sweats which sometimes succeed intermittent fever,* as well also when it was malignant as when it was mild, and "in severe gripings or spasms of the stomach or intestines."†

His attachment to the free and frequent use of emetics was as great as to venesection. It was a remark of his, that in some seasons, and in some local situations, the bark will not cure intermittents, but does more hurt than good. We respond to this opinion of his, but believe it may be obviated by combining it with mild aperients, diuretics and sudorifics; such as an equal quantity of the cream of tartar, with each dose of bark, to be washed down with a pint of warm sage tea, or vinegar whey. The cream of tartar proves gently laxative and diuretic, and the potion to be drank after it throws open the pores. Bark is deleterious if any one of the natural excretions is deficient; or if there be congestion, inflammation or pain. In such states of the system it adds "*fire to fire.*" Senac's method of preventing the cold fit by the exhibition of five or six pounds of light tepid herb-tea, merits notice; as it may be more extensively employed than in intermittents.

The opinion of Senac, that when emetics are omitted, in intermittents, their cure becomes stubborn and protracted, may be with propriety applied to other fevers. And that these difficulties can only be overcome by resorting to them in their advanced stages, when they have been previously neglected, is consonant to reiterated experience. Although Senac was so great an advocate for the use of the lancet, he displays his candor by stating that the King of Spain, and others, have lost their lives by bloodletting. We have, in a former publication, expressed our own opinion that General Washington fell a victim to too great a loss of blood; having repeatedly experienced that in throat affections, inflammation of that part, even when seemingly as intense as that of the thoracic and abdominal viscera, will not bear so well that evacuation. Emetics, especially of powdered mustard seed, and gargles of the same, however we may account for it, seem more safe and salutary. Our own theory is that mucous congestion constitutes a primary feature of croup and swelled

* See his *Treatise on the Hidden Nature and the Treatment of Intermittent and Remitting Fevers*, translated from the Latin, by Charles Caldwell, M.D., p. 378.

† *Ib.* 284.

throat, and hence that it is rather mucus than blood that needs removing. Who ever cured a case of croup without witnessing copious ejections of mucus, either by vomiting or expectoration? Hence the *rationale* of giving seneka, squills, calomel, tartar emetic, and mustard.

Of relapses in fevers it remains to say something. Some have observed that these are most apt to occur at weekly periods, and assign as a reason that a week is the fourth of a lunation, and lay the blame to the moon. The hebdomadal division of time, pointing to a weekly day of rest, has been supposed by others to influence diseases. We have heard, and have known something, of Sunday headache; but have never suspected that the phases of the moon, or the recurrence of the Sabbath, had any unpropitious effect upon fevers. Relapses have appeared to us to be subject to a renewal of those causes which produced the original fever, in a few instances; but in far the greater number to have been produced by either cold, cloudy, damp, or stormy weather, which will undeniably give rise to them when the most cautious care has been taken; as will also the occurrence of extreme cold after a pleasant season, or of very high winds after a calm and serene atmosphere. Eating improper food, or too much of that which is proper—changing the apartment of the sick, even for one seemingly more eligible—sitting up too long—walking out too soon—too many visitors, or too long visits—bad news—cutting the hair, and shaving the beard—have all sometimes occasioned relapses. The period of recovery calls for more care and circumspection than any other. It is that era when, if an inch be given an ell will be taken, and ever causes us more solicitude than any other stage. We have already noticed that relapses in bilious fevers are apt to occur from insufficient evacuations of the first passages. And to the same insufficiency must be referred the serious occurrence of jaundice or dropsy, and sometimes of both. A white substance settling in the urine, whether flocculous or granular, denotes a favorable crisis, and may be considered a test of a well-cleared *prima viæ*. But if the urine exhibits a red or yellow, homogeneous appearance, further evacuations are called for. When we consider what vast functional disturbance may arise from so slight a quantity of fluid as causes anatomic erythema, and that spontaneous extrusions of a fluid are to be suspected as giving rise to effects somewhat similar, we have a clue to many of the phenomena of fever before unaccountable; such as wandering pains, affections of the joints, loss of motion in a limb or limbs, disordered stomach and bowels, swellings, and brain affections, all which we have known to succeed fever, and which we can more easily describe than cure. But the cause of many of these symptoms we feel now inclined to refer to erysipelatous inflammation of the cellular substance and serous membranes. The wandering disposition of inflammation of this kind, strikingly distinguishes it from phlegmonic inflammation. In Nancy Brewster's case, which we have related, this affection seemed at one time to threaten her brain, as her face became swollen, and she was slightly delirious. But the immense swelling of the glutei muscles and hip, and the copious discharge, which from first to last could not be estimated at less than a gallon, probably averted the termination to her head. Such disastrous consequences, ending in death, and proceeding from the prick of a pin, we

were about to remark further upon, but the unexpected length to which we have already extended our remarks warns us that it is time to close.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 5, 1842.

ALBANY MEDICAL COLLEGE.

AMONG the many flattering civilities recently rendered by the Albanians to their Boston guests, nothing, say the medical gentlemen who were so fortunate as to be there, afforded them more gratification than their courteous reception at the Medical Institution. It is greatly to be regretted that more of the visitors were not able to avail themselves of this opportunity. But the hospitality which was shown, and the number and variety of other attractions, permitted but comparatively a few to visit this (in our opinion) greatest attraction of all. The museum of the Institution, owing to the well-bestowed liberality of the State, and the intelligence and enterprise of the Professors, although it dates its origin only to a very few years since, may already safely challenge any similar institution in the Union. Accurate illustrations of the various diseases incident to the human body have with great labor and cost been prepared and appropriately arranged. Our attention was more particularly attracted to the magnificent wax and *papier maché* preparations, which have just been added to the collection. Even the unprofessional spectator could not but be struck with the extraordinary skill and beauty with which they had been made. To the physician and medical student, they are invaluable; and when the explanations which we are informed are to accompany them are finished, it is certain that in its pathological department, the Albany Medical Museum will be the best endowed in the United States.

Through the kindness of Professor Armsby, the medical part of the company were allowed to examine a most perfect set of illustrations of the impregnated uterus, recently added to the museum. They are made of *papier maché*, and represent, with most astonishing minuteness, the various stages of pregnancy, from that of ten days' duration to the full time. Beautiful examples of ovarian and tubal pregnancy were also shown to us, executed in the same faithful manner. In every department of the Institution the industry and intelligence of the Professors were discernible. Albany may well be proud of them, for to their efforts is mainly due the high character which the College holds. It is gratifying to know that a large and increasing number of students attest that these efforts are properly appreciated.

Through the kindness of Prof. McNaughton, a part of the members were enabled to visit the Academy now under the superintendence of the accomplished Dr. Beck, author of the great work on Medical Jurisprudence.

Neither our limits nor the patience of our readers will allow us to prolong this sketch; we will therefore close with simply enjoining it upon all physicians and medical students who may happen to be in that city, not to leave the place without visiting its museum.

Notwithstanding a sentiment that is going its rounds in the papers, purporting to have been given by the editor of this Journal, at the late celebration in Albany, we regret to say that we were not present on the interesting occasion. If the article alluded to possessed either wit or common sense, we should hardly think it worth while to make this disclaimer. The attentions which our medical neighbors received from the profession of Albany, has excited a desire which we hope before long to gratify, viz., to visit their admirably-managed medical Institution in person.

Death of Luke Howe, M.D., President of the Medical Society of New Hampshire.—With the utmost surprise, we perceive in the papers the melancholy announcement of the death of this eminent man, at the age of 50. Within two or three weeks he called upon us, in the apparent enjoyment of perfect health. Knowing nothing of the particulars which led to this unlooked-for event, we wait with impatience a detailed narrative from some of his many friends. As a writer, Dr. H. was eminently practical; and as a surgeon and medical counsellor, he had few equals. Many articles from his experienced pen are interspersed through the volumes of this Journal, and evince the soundness of his views, his judgment, skill, and Christian benevolence of character. In the death of Dr. Howe, New Hampshire has lost a citizen who was an honor to the State, and the medical profession a member who was a pillar in the temple of American science.

Dr. Howe was engaged, at the time of his late visit to us, in preparing for our pages the results of his extensive inquiries and observation on the subject of the "minister's ail." Circulars were sent by him; a year or two since, to several hundred clergymen in New Hampshire and other neighboring States, soliciting information both in regard to this disease and to certain habits which were thought to have an influence upon it. He had been quite successful, he informed us, in the number of answers he had received, and an address before the New Hampshire Medical Society was devoted to the subject. Whether the article was in such progress at the time of his death, that it may yet appear in the Journal, we of course are at present unable to say. It is hoped, however, that the facts which have been collected with so much praiseworthy exertion, will not be lost to the public.

Dr. Howe's various surgical apparatus have been often referred to in the Journal. They were exhibited at the late Fair in this city, and a silver medal was awarded Dr. H.

Embalming the Dead.—Drs. E. and A. Parsons, at No. 3 Winter-street place, have sent a circular to the medical profession in Boston, saying they "have established themselves in this city, with the intent to practise the art of embalming or preserving, for a longer or shorter period, the bodies of those deceased whose relics their friends may wish kept from decay." This is a new thing under the sun, in this section of the world. We think, however, that these gentlemen are well qualified to accomplish what they promise. In France, the act of embalming distinguished persons is customary. The bodies of many celebrated individuals known to us on the page of history, although many years dead, appear as though they were only in a quiet slumber. The natural tendency to decomposition is seasonably arrested—and it is not at all improbable that their bodies may be preserved for centuries to come.

Class-book of Anatomy.—This publication, prepared for the purpose of teaching youth of both sexes the principles of their own organization, and designed to be used in the higher class of schools and academies, having passed through six editions, Mr. Robert S. Davis, of this city, who has the copy-right, will issue a seventh edition soon. Several Colleges have adopted it as a text-book; and the prospect of a still more extensive sale warrants the publisher in giving the forthcoming edition a typographical finish that will command the approbation of all persons engaged in the labor of public instruction.

Geneva Medical College.—Dr. Hamilton's introductory, Dec. 3d, at Geneva, like all his efforts, is vigorous and appropriate to the occasion. Want of room compels us to forego either comments or extracts for the present.

Foreign Correspondence.—Prof. Dunglison will please accept our thanks for his promptness in forwarding a paper which was addressed to him from Europe. We had previously received a copy by the Liverpool Steamer, and also one from another source, and put it in type before his note was received.

Invention of the Operation for Strabismus.—We perceive that at a late meeting of the Academy of Medicine of Paris, M. Velpeau read an extract from a scientific work published in 1743, which gave an account of a mode of "straightening squinting eyes" practised by a Dr. T., at Rouen. His plan was, with a needleful of silk to take up a portion of the conjunctiva of the squinting eye towards the lower part of the globe; and having made a loop of the silk, he pulled up the portion of conjunctiva confined in it, and cut it off with scissors. He then put a plaster over the healthy eye, and the one that squinted became straight. M. Velpeau asked if this fact might not secure to France the honor of the discovery of the operation for strabismus.

Solution of Morphia.—We not unfrequently see prescriptions in which liq. morphie, mur. or liq. morphie acetat. is ordered. There is, however, no standard strength for these preparations.

Magendie, who is generally considered an authority on the subject, gives the following formulæ:—

"*Solution of Acetate of Morphine.*—Acetate of morphine, 16 grains; distilled water, 1 ounce; acetic acid, 3 or 4 drops; alcohol, 1 gros. The last two are added to keep the salt in solution.

"The dose is from 6 to 24 drops.

"*Solution of Sulphate of Morphine.*—There are some patients who cannot bear the acetate of morphine, but receive benefit from the use of the sulphate. In these cases a solution must be made similar to the preceding, only using the sulphate in the place of the acetate, and sulphuric acid instead of acetic."

The muriate of morphia is much more generally used in this country than the sulphate, and the solution may be made in a similar manner, omitting the muriatic acid, which in excess renders the morphia less soluble. But some chemists, as we are informed, prepare the solutions of

morphia in the proportions of 8 grains to the ounce, and others keep it the same strength as laudanum, which is about $4\frac{1}{2}$ grains to the ounce.

It is evident, therefore, that when these solutions are ordered, unless the strength is specified, there can be no security for their uniform preparation.

This subject is one which, among many others, demands the attention of the Pharmaceutical Society.—*Pharmaceutical Transactions*.

Glanders communicated by a Patient to his Attendant.—A patient was recently admitted to the hospital Necker, laboring under glanders. M. Rocher, one of the medical assistants, was much interested in the case, and paid much attention to it. After the death of the patient he conducted the autopsy, and held in his hands some of the parts, examining them at leisure. On the following night he was seized with shivering, and pain in various parts of his body: by the fifth day tumors were formed in the thigh and shoulder, the former of which suppurated. In three days more another similar tumor formed in the right foot. By the 14th day the lining membrane of the nostrils had become inflamed, with purulent discharge, and pustules formed on the head. He died on the 16th day. A horse was inoculated with some of the matter, and died of the disease. M. Rocher, so far as it could be ascertained, had no scratch or wound about his hands, by which he could have been inoculated, and is supposed to have taken the disease by imbibition, or by miasmatic infection.—*London Medical Gazette*.

Medical Miscellany.—The Transylvania Medical School, at Lexington, Ky., is said to be exceedingly flourishing. The present class is nearly as large as the most numerous class that ever assembled there. viz., 281, in the year 1825-6.—More flattering encouragement has been offered to the Western and Southern Medical Recorder, than the editor expected. No. 2, for December, is here.—A needle, accidentally swallowed by Mr. John Bridges, a solicitor, living near Islington (Eng.), when he was a boy, of 10—more than sixty years ago, made its appearance a little above the ankle not long since.—A malignant scarlet and typhus fevers are prevalent in London and the country about—proving sometimes fatal in an incredible short time. Some persons have died in few hours after the attack.—Nine-tenths of the French army of Algiers is represented to be in hospitals.—Drs. Jackson and Warren have received diplomas of honorary fellowship from the Royal College of Physicians, London.

Number of deaths in Boston for the week ending Jan. 1, 33.—Males, 15; Females, 18. Stillborn, 1.

Of consumption, 4—Inflammation of the bowels, 1—old age, 3—croup, 1—paralytic, 1—convulsions, 1—scarlet fever, 2—infantile, 2—teething, 2—lung fever, 5—dys, 1—typhus fever, 2.

VERMONT MEDICAL COLLEGE AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARK, M.D.

Demonstrator of Anatomy, ORMON L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18. No matriculation fee is charged. Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—Sun

NORMAN WILLIAMS, Secretary.

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THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporter," and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—DRs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

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Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

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D. 1.—6m

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PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, JANUARY 12, 1842.

No. 23.

ON THE TREATMENT OF VARICOSE VEINS BY THE NEEDLE AND TWISTED SUTURE.

BY T. B. PEACOCK, ESQ., EDINBURGH.

CONSIDERABLE doubt prevailing in the minds of many practitioners as to the safety and efficiency of the plan of treating varicose veins by the needle and twisted suture, I beg to offer the following remarks on the results of its application in cases which have fallen under my notice.

I was first led to make trial of this plan from reading the report of a case by Mr. Melvin, in the No. of the London Medical Gazette for July 7th, 1838, and I have since applied it myself, or seen it made use of by the surgeons to the Chester Infirmary, in at least thirty cases, of several of the most important of which I have retained notes. The plan adopted has been that recommended in the paper referred to, of passing a common curved suture needle under the vein, constricting it with a thread in the figure-of-8 form, and having turned the needle on its side, retaining it there by straps of adhesive plaster : at the end of two or three days, the ligature, if only moderately tightened at first, will require to have a fresh one passed over it ; and in two or three more the needle may be removed. Several different methods have been proposed for effecting the obliteration of the vein by the needle ; but this, which was originally introduced by Velpeau, as being the most simple, is that which I have always adopted. The length of time which it will be necessary for the needle to remain will depend on whether it is intended simply to excite suppuration, or to ulcerate out ; the last being the course which I have usually followed, as in one or two instances, in which the needle was withdrawn after exciting suppuration, the obliteration of the vein was found not to have been effected. This plan has, however, been objected to as leaving a sore difficult to heal afterwards ; but in only one instance have I seen it attended by any such result. For the needle to ulcerate its way out, the time usually required will be from a week to ten days ; but it will vary greatly according to the state of the part in which it is applied : in the immediate neighborhood of an ulcer, where the skin is thin and inflamed, a day or two will often suffice to commence the ulcerative action, and three or four for the needle to escape ; while, when inserted some distance from the seat of disease, and beneath sound integument, the process will require ten days, a fortnight, or even longer. Thus, in a case lately under my charge, where the needle was inserted beneath a tender sinus on the instep, leading to a small ulcer about an inch above, it ulcerated

out in three days: while at the same time, in another case, a needle was placed under each saphena, and one beneath the common vein, at their point of union; the needle on the anterior branch was not removed till the twelfth day, and the other two not till the nineteenth. I have since seen two instances in which the needles were retained till the end of the third week. Generally speaking, when inserted over a bone, they excite ulceration more rapidly than when upon soft parts; and I am inclined to think that, in the last situation, they are more apt to give rise to an undue degree of inflammation; at least, in the only two cases in which their application was followed by troublesome abscesses, they had been inserted beneath sinuses in the calf of the leg. Considerable pain is sometimes excited by the operation, but it usually soon subsides; and I have not, in any instance, known tenderness to extend in the course of the vein above two or three inches from the point of constriction; and in none has it resisted ordinary treatment: indeed, in no instance which I have seen have any serious symptoms resulted from the operation.

The cases in which I have found this treatment applied have been in small irritable sores remaining after the bursting of large varicose sinuses, inveterate ulcers connected with a generally enlarged condition of the veins of the limb, and œdema of the leg and ankle, either simple or attended with a serous discharge from the skin; and in all of the cases but two in which I have seen it had recourse to, the results have been most satisfactory; and in these, as only one needle was inserted, and other sinuses were left unobliterated, success was hardly to be expected. The number of needles which I have generally seen inserted has been three or four in each limb, but, in some instances, five or six have been applied; the rule adopted having been generally to insert in a case of varicose ulcer one under each enlarged vein an inch or so below the ulcer, and again on each trunk a few inches above it, selecting for the points of their insertion the largest sinuses. Sometimes I have adopted the plan mentioned by Mr. Dodd, of placing on each vein two needles an inch or an inch and a half apart, so as to effect adhesion of the sides of the intervening tract; and in these cases the main trunk will, after the cure is effected, be often found contracted to a firm cord up to the point at which the next large vein communicates with it; while, where a single needle only is inserted, the portion of the sinuses around is often not affected by the operation.

The effect produced on the sore by the obstruction to the course of the large veins in connection with it, is often most rapid; the inflamed margin gradually subsides, the edges become depressed, granulations spring up, and cicatrization quickly proceeds; and sores which have been liable to bleed entirely lose that tendency, the granulations becoming firm. I have, however, observed what has been noticed before by Mr. Dodd, that the healing process was not equally rapid throughout, the good effect produced by the needles sometimes gradually subsiding, and considerable difficulty being experienced in obtaining the entire healing of the sore.

In this way ulcers which had long been under treatment, without deriving any advantage, have, in several instances, been cured, and others which were found to return as soon as the patient resumed his work, have,

by the aid of a laced stocking, been kept healed; indeed, not only does it appear to be a rapid method of effecting the cure of these cases, but I am inclined to regard it as also a more permanent one. The first case in which I made trial of the practice was one of œdema of both legs, attended with excoriation of the skin, and a foetid discharge, connected with a very varicose state of the large veins. The man, by trade a rope-maker, had been repeatedly under treatment before with very partial benefit; and no sooner did he resume work than the disease returned. On this occasion he had been subjected to the ordinary treatment during a month that he had resided in the Infirmary, but with little or no advantage. Under these circumstances, as the case seemed to offer a fair opportunity for treatment with the needles, three were inserted beneath large sinuses in one leg, which was nearly well before the same plan was adopted in the other. He was discharged, entirely cured, on needles being introduced in the other limb, in six weeks from the commencement of the treatment. Two years have now elapsed, and he continues perfectly free from any return of his complaint.—Of two men one had suffered from varicose ulcers on both legs for nine years, the other for five; and both had been several times under treatment in neighboring infirmaries, but no sooner did they return to their work, that of cotton-spinning, than the ulcers again broke out. Seven needles were inserted in the legs of one, and three in the other; and both were cured, one in seven, the other in three weeks, and continued so for at least four months, during which I had an opportunity of noticing them. Indeed the absence of any pain, swelling, or weakness in the limbs, which they said, as healed before, they had always found to continue, and the sound appearance of the cicatrices, afforded a fair prospect of permanent cures having been effected. The state of the limb afterwards, and the pale, healthy-looking cicatrices, form a great contrast between cases treated by this and by the ordinary methods.—I had a case recently under my charge, in which an ulcer, fully the size of the palm of the hand, was entirely cured in little more than a month, and this notwithstanding that copious suppuration was excited by the needles in the cellular membrane of the calf of the leg. This patient had previously been subjected to treatment for four months with every advantage of circumstances for the cure of a sore in the same situation; and the case was further interesting as being attended by severe pain in the sole of the foot—an occurrence which was met with in one of Mr. Dodd's patients—and having been an old man of 70; while Bonnet, in an essay on this subject published in Paris, has stated that the operation will not be successful after the age of 60, in consequence of the indisposition of the blood to coagulate, and that it should not be attempted. I heard of the man several months after his discharge; he was following his work, and his limb continued sound. I regret that, in consequence of most of the patients on whom the plan was tried in the Infirmary residing at a distance, I am not able to speak of them after they left the Institution.

The above remarks were written more than twelve months ago. I have now nothing further to add than that additional experience fully confirms the opinion expressed of the safety and rapidity of the cure of disease dependent on varicose veins, by the plan referred to, and I have

reason to regard it as also a permanent one, care being of course taken to support the limb by a laced stocking or bandage, as otherwise the same cause which first gave rise to the varicose condition of the veins will lead to the dilatation of fresh ones.—*Lon. Med. Gazette.*

MALIGNANT SCARLET FEVER IN LONDON.

BY THOMAS LITCHFIELD.

I NEED not point out to my professional brethren the peculiarly contagious nature of scarlatina maligna ; for, unfortunately, it is too well known when it assumes a typhoid character, and enters the abodes of the poor. Yet after many years' fair experience, I have never witnessed it to assume so many protean changes, or have so malignant and ultra-contagious a form as lately, and owing to which its ravages have been most alarming. In too many instances twenty-four hours have sufficed to destroy the patient ; some have fallen victims in two days ; and cases have unhappily presented themselves, where the *extreme malignity* of the poisonous influence has prevailed so far as to produce comatose symptoms, followed by convulsions of the most alarming character, ending very shortly in death. Within an hour or so after the headache and sickness comes on, the latter symptoms appear ; the evening, perhaps, ushering them in, and the morning closing the scene. All these assaults have fallen on the young ; and where medical resources and other means are too often crippled by the difficulty, not alone in contending with a terrible malady, but with such childish patients.

One of the most alarming forms of this disease has shown itself thus : Within six or eight hours after the primary symptoms, the efflorescence has appeared *all over the body*, assuming a darker hue than usual (especially around the throat), and leaving the countenance pallid and ghastly. Within a short space the throat swells so rapidly, as to produce convulsive efforts to swallow, and soon after the patient is suffocated.

Again, when the eruption has been trivial, and the first attack slight, œdematous symptoms have shown themselves with alarming dyspnoea, when, spite of every effort (for a few hours alone have in such cases been the usual period allowed for the resources of art), effusion has taken place so rapidly into the thoracic and abdominal cavities as to destroy vitality. One instance of each case may answer for all.

I was sent for to a fine boy of about five years old, and found him laboring under the comatose state, and directed as well as watched the treatment I had ordered, and left him somewhat better. It was about six in the evening when I saw him, and before daylight he was dead.

The next case was that of a child, of about the same age. His symptoms at first were but trivial, and he was advancing (apparently) towards convalescence. On the fourth night the father came hurriedly, requesting my attendance. He said the boy had eaten a hearty dinner, and appeared in health about two o'clock, but was afraid he was not so well from it. I found the poor little fellow laboring for breath, with œdematous limbs and face, and intermitting quick pulse ; in fact, evidently sinking, and merely

struggling for breath. He was a corpse the next morning. This child I examined, and found the lungs, heart and abdominal viscera overwhelmed by serous effusion; the cellular tissue simply œdematous. All this had been unperceived the morning before the night of the attack and its fatal catastrophe.

Many cases of effusion have not been followed by such fatal terminations; in such, convalescence has taken place when time has been permitted for artificial resources, the œdematous puffiness becoming *anasarcous*, and the fluid diffused. In some instances the limbs have swollen considerably, as well as the scrotum; and in two instances I let off the serous accumulations by acupuncture, keeping up the remaining stamina by stimuli, with good beef-tea, and other light but nutritious diet. In the majority of cases, however, the assailing power was so strong, as to place at defiance every resource that art could command.

One poor but respectable man lost all his three children, each case varying, as I have mentioned; the elder child having the sudden, dark-red efflorescence, and livid face; the infant sinking from swollen glands, producing suffocating inanition; and the other one dying two days since (after an apparent rally), from the rapid effusion on the organs of vitality.

In conclusion permit me to add, that I have witnessed nothing equal to the fearful character of this pestilence, and which, I am sorry to say, has arisen, as all these evils do, from the haunts of the poorer classes, where cleanliness is little known, and where irregular and bad diet is too often found. I have given but a faint outline of this visitation, and which, I have but little doubt, has been witnessed, *or will be witnessed*, elsewhere.

—*London Lancet*.

November 8, 1841.

SETON AND TENTS OF SLIPPERY ELM BARK, IN RECENT COMPOUND FRACTURE OF THE TIBIA.

BY WM. WATERS, M.D.

ON the 25th of May, 1840, William Lemmon, in the employ of the "Rail-road Company," had both legs severely fractured by the burthen cars running off the track between this place and Monocacy bridge. His legs were caught between the locomotive and the tender, and he was thrown entirely over the engine, from whence he was brought to town. The right leg was so severely crushed, and the main vessels were so much injured, as to require immediate amputation—in which I was assisted by Dr. Ritchie and Mr. B. E. Hughes, one of my students, and Dr. Wm. B. Tyler joined us while under way. The left leg was not so seriously injured. The fracture was compound and oblique of the tibia near the ankle. The upper shaft of the tibia projected through the integuments above, which were divided entirely across the front of the tibia. The fibula was simply fractured, but all the soft parts much contused above the ankle. The sharp projecting point of the tibia was sawed off for about three quarters of an inch. Previously to placing his limb in a temporary fracture box, Dr. Albert Ritchie suggested that the same principle we

adopted in the elliptical and vertical flap, or "the American Method" of the late Professor Davidge, in the amputation of the right leg, should be carried out in the left, or merely a depending point given to the wound for the escape of pus. For that purpose, with a long and narrow seton needle we passed a seton between the tibia and fibula on the outside, or fibula side of the tibia, and perforated the integuments to the left side of the tendo-Achillis. This was readily accomplished, as the integuments below were the only parts to perforate. The ends of the seton were tied loosely on the outside of the limb. The seton gave a depending point for the escape of matter about the vicinity of the fracture; prevented the accumulation of pus or sinuses, which might involve the ligaments of the ankle joint, and lessen the adhesions of the sheaths of the tendons; thereby saving the system much local irritation and guarding against anchylosis. The leg was laid in a fracture box with linseed poultices over the exposed tibia, and to the seton below, which were repeated twice a day. The fracture box was soon laid aside, for the fracture case of Prof. N. R. Smith, which added much to the comfort of the patient in the dressings of the limb. The limb was flexed, suspended and elevated, by an extra piece of canvass three inches wide, fastened to the frame on one side (the wound could be cleansed and poultices renewed without any disturbance of the fracture); the poultices were supported below by fastening the other end of the canvass to the opposite side of the frame. The poultices were continued until the exposed tibia was covered with granulations, when the seton was withdrawn and a tent of slippery elm bark about one and a half inch long, softened in warm water, was passed up the track of the seton from below. The tent was dressed with a small poultice, and the wound above with lint and cerate, until the wound ceased to discharge, when the tent was omitted about the 15th of July. By the 2d of August, I found the callus somewhat firm, and applied the "Immovable Apparatus," leaving room for the exercise of the ankle-joint. This step was preparatory for the departure of my patient home in Baltimore county. I enforced the necessity of flexion and extension of the foot daily. In regard to the medical treatment, little was required. His fever was high on the 26th of May; when the lancet was used, and sulphate of magnesia prescribed, the fever yielded promptly. An occasional aperient was given; a few doses of Dover's powder to allay pain of the stump, which united very speedily. A free use of acid drinks, as the weather was warm, was indulged in. I have been credibly informed that he has perfect use of his ankle, which I doubt would have been the case if an outlet had not been kept up for the exit of pus. In this case the contusion and division of the soft parts would have led us to anticipate extensive suppuration, which under ordinary treatment would probably have required counter openings to evacuate pus. In compound fractures of the worst form, accompanied with much contusion and division of the soft parts on the front of the inferior limbs, would not a seton or tent be preferable to the ordinary process of dressings of lint and counter openings?—*Maryland Med. and Surg. Jour.*

CURSORY OBSERVATIONS ON SOME CEREBRAL AFFECTIONS OF CHILDREN.

BY H. M. HUGHES, M.D.

THE principal object of this paper (in Guy's Hospital Reports), is to state shortly some of the difficulties attendant on the treatment of the cerebral diseases of children ; especially as regards the diagnosis between infantile fever or, as Dr. Hughes prefers to call it, "irritative fever of children," and hydrocephalus ; and between the latter complaint and the hydrencephaloid affection described by Dr. Marshall Hall.

Of the close alliance between infantile fever and hydrocephalus, and of the difficulties which not unfrequently prevent our coming to a decided opinion on the nature of the case, in the early stage at least, every practical man must, we should have thought, have been aware, had not a late writer, quoted by Dr. Hughes, asserted "that the two diseases can scarcely be confounded." Dr. Hughes thinks that in many of those cases in which hydrocephalus appears to supervene on irritative fever, the progress of the case has been really such as it appears to have been, and that complication does not always exist from the commencement of the malady, an opinion in which we agree. Nor, we may add, is hydrocephalus the only disease which may be thus excited by infantile fever. In the same way, tubercular disease in the lungs and bronchial glands of children may be developed, if it do not actually originate during the progress of infantile fever ; the tubercles, if previously existing, of which there is often no evidence, being at all events in a latent state, and thus the disease which begins as infantile fever may end as pulmonary consumption. The following are the symptoms by which Dr. Hughes thinks we may generally distinguish between hydrocephalus and simple irritative fever :

"In the first stage of acute hydrocephalus, there generally exist some intolerance of light and sound, contracted pupils, and wakefulness by night and by day ; while in remittent fever the patient, though restless at night, often sleeps soundly and comfortably during the day ; the pupils are rather dilated, and light and sound are not complained of. The pain of the head in the latter affection is rather a general uneasiness, giving the child an expression of heaviness and languor, and, like the febrile symptoms themselves, is distinctly remittent ; in the former it is almost always referred to the forehead, and though increased in severe paroxysms, is constant. The child suffering from acute hydrocephalus lays its head on the pillow, with closed eyes, and appears unwilling to be moved, questioned, or noticed, unconsciously moves its hands up to or over its head, and often screams and starts from severe accessions of pain, while its arms or legs are affected with slight spasmodic twitchings. That affected with remittent fever, on the other hand, is usually easily and not unwillingly roused, and though fractious and petulant, has not violent fits of screaming, moves its head without inconvenience, and while awake is almost always occupied in picking its lips or nose. The bowels are sometimes constipated in both complaints ; but they are more easily moved, and when moved are more easily kept in a relaxed condition, and the motions

are more slimy, fetid, and dark colored, in the simply febrile than in the inflammatory complaint. The pulse also, which in the fever is almost sharp and frequent, is in the more grave affection often sluggish, tardy and irregular."

In the above enumeration, Dr. Hughes has omitted to notice vomiting. This symptom, though not unfrequently present in simple infantile fever, is less constant and less urgent in that disease than in the first stage of hydrocephalus. In acute hydrocephalus vomiting is one of the most frequently present of the early symptoms, and though it may last only for one day or even less, it is generally very urgent whilst it lasts, everything being rejected which the child swallows. When this symptom is present, with a belly flaccid and free from tenderness on pressure, it is, we think, one of the most characteristic that can be mentioned of incipient hydrocephalus.—*Brit. and Foreign Med. Review.*

CHEMISTRY AND MEDICINE.

[FURTHER extracts were promised, a week or two since, from Professor Draper's Introductory Lecture at the University of New York. A few unconnected paragraphs are given below.]

Let us, then, examine what are the relations of chemistry to medicine—what the character of the facts it furnishes the student—what the influence it exerts upon his professional education. Let us try to ascertain its actual practical importance. All knowledge is of course good in itself. But with us time presses, the scenes of active life are just before us, in a few months we mingle with them; there is no opportunity to dwell on anything, except what appertains to the matter in hand. But, what if we find that these studies are intimately connected with the object we pursue, and are deeply concerned in our future professional eminence; what if we find that they are interwoven with the very elements from which we ought to begin? Hereafter it will delight us, that we have not to bewail the opportunities of acquiring knowledge omitted; that we have not to sympathize in those sorrows, for the want of philosophy, in which the gude wife of Ladlemouth, celebrated of late by Frazer, had to indulge, who weighed a pound of butter to Davie Fisher, with a two pound pair of tongs, putting in one leg and letting the other hang out of the scale. In addressing ourselves, therefore, to this task, let us come forward with pleasant expectations and a good will. With students of medicine, whatever is done must be done voluntarily; and all the learning we procure, must be with cheerfulness. And yet some of us still look back with pleasure on those early times, when we first came to drink at the fountain of knowledge. The grim aspect of the village school-master, who improved on the scripture maxim of fastening knowledge like a nail in a sure place—he drove it in at the head, and clenched it with repeated strokes of his rattan or rod, at the other end.

If to men, occupied with the ordinary pursuits of life alone, a knowledge of the phenomena of nature is of constant value, to us whose special office it is to control those phenomena, and to subdue the forces of the

world to our own use, nothing can be of more paramount importance. The agents that build up these bodily structures, set in action and keep in operation their functions, are constantly antagonized by the external forces of nature, and so long as an equilibrium can be maintained life continues. It is not alone spontaneously, and from innate causes, that diseases supervene. Most of the calamities with which we have to deal, take their origin in conditions and circumstances that are extrinsic to ourselves. What king goes to war, without first sitting down and counting the strength and advantages of the king that is to oppose him? In private life, who adventures on a doubtful undertaking, until he has fairly estimated the obstacles he has to overcome?

The modes of thought of a physician differ from those of other men. We are taught to regard the animal frame as an intricate and finished machine. The very practice of our profession daily assures us that all the forces of external nature exert a control over it. There is no change of temperature, no alteration of locality, no variation of circumstance, that does not leave upon it some characteristic and corresponding impression. Some deleterious change takes place in the atmosphere, and we see a pestilential cholera sweep over the earth. There are diseases due to the sea, diseases due to the air, diseases due to the soil. The night airs are the harbingers of desolation, the sun-rays are full of death. Turn where we will, the hand of everything around us is against us. And shall we, then, neglect to know what is the name and the nature of these enemies, or how we may best encounter their reactions, or turn aside their power?

To teach you some of these laws is my duty. And where the subject is so vast, and the powers of the teacher so small, you will not expect a fair or a complete view. I cannot tell you of the multiplied inter-workings of those laws, which bring the world into the condition we see. I cannot picture before you the wild scenery, the changes it has undergone. I cannot show you the springs of life, nor spread before you the machinery that brings it to a close. There is no rock that has not been the witness of the mortal agony of living things; there is no grain of dust that has not been alive. I have not that enchanter's wand that calls into existence birds, and fishes, and beasts. I have not those black-letter books which reveal the constitution of the material world. But then I can point you to Nature, and tell you how atom and atom conflict, and how one law springs out of another, though I cannot trace their commencement or their consequences, and you will see that they are beautiful, and believe that they are true.

This, I say, is the proper mode by which we should study medicine. I would have you regard yourselves in the light of engineers; your duty is to repair a broken machine. First of all, then, learn its construction; obtain clear and distinct views of the connection of its several parts, and the precise mode of action of each. By the indiscriminate use of medicaments, or by resorting to active processes, you may sometimes succeed in breaking up forms of disease, as a watch that has stopped may be made to go again by the rude jolting and shaking of an ignorant man. But to find out the cause of its derangement, to reinstate it fairly, and

without damage to its former integrity, requires one who knows its springs and wheels, their reciprocal action on each other, and the end they are to accomplish. Read in the histories of medicine, and is there for any disease a form of practice that has not been tried? Where is the plant, where is the mineral, that has not had its turn? Look through our works on the art of healing of the last three centuries, and mark their uncertainties, their contradictions, the entire diversities of opinion; are they not an imperishable record of the greatness of human credulity, and the littleness of human knowledge? Or survey the forms of practice which obtain in distant parts of this country, familiar to some of you and me. The doctor throws over his horse the long-accustomed saddle-bags, richly freighted with calomel, and rhubarb, and opium—a heroic practitioner—he goes forth to discharge his errand of mercy, and often prescribes intuitively, without the shallow form of asking questions. But then he lives in a region where bilious fever is the name of every febrile commotion, and where hereditary rules, long ago handed down from established authorities, have brought the practice of physic into a form adapted to the feeblest capacities, and given for all diseases one grand specific, “which will arouse the recuperative forces, and break up trains of morbid associations, and shake the gall-bladder” with a vengeance.

Dean Swift used to say that he had cured a nobleman of an inveterate cough, the paroxysms of which came on when an easterly wind blew, by nailing the weathercock that was opposite to his windows, so that it pointed permanently to the south. The sarcasm of that cynical churchman is at once a rebuke and an example to us. It may teach us how little reliance can be placed on written rules in the restoration of an intricate machine; and a little investigation will often satisfy us, that instead of blisters and bleeding, these nails in the weathercocks will answer much better. *****

It is the admitted province of the physician to relieve those that suffer, and put aside the approaches of death. From these things arises the intrinsic nobleness of his profession. We judge of the power of any force, by the magnitude of the results it produces, and we may well judge of the character and quality of the forces he has to contend with, by the phenomena we see. A little while ago, I said there was not a grain of dust that had not been alive. This indeed is no metaphor. Well might Cuvier say, “I look upon this world as a great charnel-house.” From the opal, that throws its ever-changing rainbow tints, to the Jura and Alpine ranges—mountains that form the boundaries of empires, and have been landmarks in all time—these are all made up of the exuvix, the remains of things that have had life; either the bones of great animals, or shells, or fossil animalcules. In each single grain of tripoli, which is found in beds and strata many feet thick, and extending over areas of many miles, it is known that there are the remains of more than a hundred and eighty millions of individuals. What then is their aggregate? You cannot take up a little fragment of common chalk, in which thousands upon thousands of these beings are not found; and yet this chalk not only bounds the coasts of England, but stretches away across France, and re-appears in Poland—Poland! the country to which God must at last give freedom. It is found in Central Africa, and once formed the

cliffs of that ancient sea whose bed is now marked by the sands of the great desert of Sahara; it extends through the countries of Abyssinia, and, re-appearing in Arabia, is lost in the unknown and barbarous kingdoms of Asia. But why should I carry you thus over the world, to witness the effects of exterior agents in the destruction of life? There is not a spot on which you place your feet, that does not cover the remains of unspeakable millions. Strata, thousands of feet thick, are made up of the bones of the great ones, cemented, as it were, together by the exuviae of those that are microscopic. And yet, all these once saw the morning sun come forth with gladness. Nor is it individual life that has alone suffered. Whole species, and tribes, and genera, have disappeared. With hundreds of others, the mastodon has gone, the ichthyosaurus, and the gigantic lizard, iguanodon. The very air which you breathe, the emblem of purity, comes from the respiration and putrefaction of beings that have lived before you, and are dead. The coal-fields that furnish you with fuel, are the remains of primeval forests, among the branches of which, birds nestled at night. The very carcasses of the dead have changed the figure and form of the face of the earth; they have raised the bed of the seas, and thrown the waters on dry land; and, with those changes, have come changes in the tribes that inhabit it. There has been an age of fishes, and an age of reptiles, as well as an age of quadrupeds, and an age of man.

DR. FORBES'S LETTER.

[LAST week there was a necessity for omitting this certificate of the truth of Dr. Carpenter's declaration in regard to the review of Dr. Paine's Commentaries. As its omission has caused some dissatisfaction, which is as much regretted as it was unexpected, it is now given in full.]

From Dr. FORBES, Editor of the British and Foreign Medical Review, to Dr. W. B. CARPENTER.

DEAR CARPENTER,—As I think it would be a piece of silliness; only second to that of writing and publishing the "Examination," to attempt any detailed or serious reply to Dr. Paine's wordy reclamation, or any justification of the article in the Review to which it refers—I shall take no notice whatever of his attack, further than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns *you*—since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation. The conduct of the writer of that review, in palming upon the Editor a portion of the writings of another for his own—if really done intentionally and with a view to deceive (I would fain hope that the fact may admit of some other interpretation), cannot be sufficiently reprobated. Although, as being the first specimen I had had of this person's writing (and, with one trifling exception, the only one I have ever had), I might be forgiven for not suspecting the authenticity of the surreptitious passages, I take shame to myself for being

so little acquainted with the eloquent writings of Dr. Channing, as not to detect the theft before the MS. left my hands for the press.

Perhaps when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the Review, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not gratify his curiosity on this point, by either affirming or denying the accuracy of his conclusions; and I do not see any reason why you should.

It is singular that Dr. Paine should have been so ignorant of the ordinary mode of conducting a Review, as not to know that the reference from one article to another is no proof whatever of the identity of the authorship of the two—even when this reference is made by the writer of the latter article. But, most commonly, such references are made by the Editor, without any communication with the original writer, in the exercise of the privileges inherent in the office of the great editorial WE.

In looking at the vast accumulation of words in Dr. Paine's pamphlet, I confess that I feel regret that the review of his book (just and accurate as I still hold it to be) was not more favorable; as it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work, which, of course, no human being will read, except the author himself, perhaps the writer of the inculcated article, and, alas, the Editor the Review.

It is lamentable to see how this mortification of Dr. Paine's self-love has clouded his judgment throughout the whole composition of his pamphlet; and this obfuscation is nowhere more conspicuous, than where he attempts to convict you of plagiarizing in your "Principles of Physiology," from Dr. Channing. The very examples he adduces confute the charge.

Believe me, dear Carpenter, to be most truly yours,

Old Burlington street, Nov. 15, 1841.

JOHN FORBES.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 12, 1842.

PATHOLOGY OF DRUNKENNESS.

If ever an age was characterized by philanthropy in regard to those who are suffering from the evils of intemperance, surely it must be the one in which we have the happiness to live. Men of all professions of faith, and of all orders of talent, throughout the civilized world, admirably concur in the opinion that a great moral revolution must be brought about. Drunkenness, in all its forms, from the palace to the Indian's wigwam, has spread its fearful ravages through every land, and vice, crime and death follow in its train. The present general movement of good men to stay the awful plague, will be regarded, in after times, as an extraordinary epoch in the history of our race.

Much as we deplore the sin of intemperance, we have sometimes felt

weary in trying to keep pace with the publications which are extensively circulated, both to alarm the inebriate and to urge reformers to labor in the good cause with undiminished ardor, since heaven blesses those who ask for blessings on a penitent. Some one has politely sent us an extra Examiner, from Albany, containing a letter to E. C. Delavan, Esq., by Thomas Sewall, M.D., on the "*Pathology of Drunkenness, or the effects of Alcoholic Drinks, with Drawings of the Drunkard's Stomach*," accompanied by four plates, beautifully executed on stone, and colored, of the natural size. No anatomical work, within our recollection, presents more exact representations of that organ. The bloodvessels exhibited on the inflamed mucous coat, really look as though they would bleed if roughly handled. The excellency of this illustrated letter consists in the fact that any one can understand it. Although strictly scientific, it is essentially the thing wanted, because it speaks plainly, yet positively, to the drunkard. With his own eyes he may examine the very appearance of his own burnt stomach, and if he should not be either reformed or alarmed by a fac simile, the letter by Dr. Sewall must awaken his sensibilities if he has one remaining spark of consciousness.

Circumstances at present debar us from making extracts from a work which meets our warmest approbation. It should reach every hamlet in the Union—and physicians should unhesitatingly aid in carrying on a work in which all well-wishers to the human family are engaged. Dr. Sewall treats the subject properly; there is neither a display of temper nor ill-will towards the drunkard; nor is there a mawkish sensibility discoverable in his remarks. Take it all in all, he has certainly contributed important aid to the cause of temperance, for which we, in common with the friends of humanity, tender our thanks. The letter, with its splendid plates, is really the commencement of a new effort, which we pray that our medical brethren may enlarge upon and carry forward to their utmost ability.

Surgeon-General's Report.—The acting Surgeon-General, H. L. Heiskell, at the city of Washington, will please accept our thanks for the important and interesting statistical document which he had the kindness to send the last week. Although it has been perused with satisfaction, it is quite inconvenient to republish the tabular sheet, which is the best one we ever remember of having seen, both in point of scientific arrangement and perspicuity. It is creditable to the nation that the army surgeons are among the most accomplished medical gentlemen in the country. So high are the requisitions, that no second-rate man can possibly obtain admission into the medical staff, and hence the medical department of the army really embraces not only a high order of talents, but individuals of very polished manners and thorough literary and professional attainments.—We have room but for one extract.

"The number of cases of sickness which have been under treatment by the medical officers of the Army, and private physicians employed in the service of the United States, during the year ending the 30th of September, was 38,559; 37,499 of which occurred within the year, 1,060 being cases that remained the preceding year.

"Of the whole number of persons reported sick, 36,374 have been restored to duty; 320 have been discharged the service; 30 have deserted; and 387 have died.

"From the Quarterly Reports made to this office by the medical officers,

the mean strength of the army for the last year is estimated at 9,748; and as the number reported sick during this period was 38,559, it will appear that the proportion of cases to the number of men in service, was nearly as 4 to 1, or 396 per cent. The aggregate of deaths was 387, exhibiting a ratio of mortality to the number of men of 1 to 25 $\frac{1}{2}$, or nearly 4 per cent., and the proportion of deaths to the number of cases treated of 1 to 99 $\frac{3}{4}$, or a fraction over 1 per cent.

Besides the diseases incident to the climate and the service in Florida, the epidemic fever, which has proved so fatal at the South during the past season, has also prevailed among the troops serving in that Territory. The average strength of the army in Florida during the year, being about 4,738, the number of cases of sickness amounted to 21,027, exhibiting a proportion of cases to the number of officers and men of nearly 4 $\frac{1}{2}$ to 1, or 443 per cent. The deaths being 254, presents a ratio of mortality to the number of men of 1 to 18 $\frac{3}{4}$, or 5 $\frac{1}{2}$ per cent.; and the proportion of deaths to the number of cases treated, of 1 to 82 $\frac{3}{4}$, or 1 $\frac{1}{4}$ per cent. -

"Lectures to Ladies on Anatomy and Physiology," by Mary S. Gove.—These lectures have been delivered in Boston, New York, Philadelphia, and many other places in this country, and we believe the classes that have attended them have always been convinced of their utility. Mrs. G. has occasionally been brought in contact with the strong holds of prejudice and opposition, but we believe she has uniformly grappled with them successfully. She has an invincible thirst for useful knowledge, and has devoted several years to the study of the various subjects embraced in her course of lectures; and in presenting her work to the public, she is impelled, we doubt not, by a sincere desire to enlighten and benefit her sex in regard to the important practical matters presented for their consideration. Her style of writing is of the Doric order—remarkable for plainness and strength. Mrs. G. has the countenance of many of our most respectable physicians in the enterprise she has undertaken, and her book will be published under the supervision of one of the most accurate scholars and eminent men in the profession; and we hazard the prediction that it will merit and receive a wide circulation through the country.

Insanity and Insane Asylums.—A pamphlet of forty pages has been written by Dr. Edward Jarvis, of Louisville, Ky., on these subjects—principally a re-print from the Western Medical Journal. The author is a Massachusetts man, with whom we are well acquainted. His industry and talents were always devoted to the cause of humanity and science. If he should ever make a departure from the path he has so long and so honorably travelled, those who have associated him with every movement calculated to increase the amount of human happiness, would at once consider him insane. Both the plea and the argument in favor of the lunatics in Kentucky, are cogent. The pamphlet, although intended for a local effect, is nevertheless fitted to all meridians where insanity exists.

Smallpox.—In one of the New York papers mention is made of the extensive prevalence of smallpox in that city, which is represented to be on the increase. Several medical students attending the lectures there have taken the disease. At Philadelphia it is also exceedingly rife. In the

Sandwich Islands the destruction made by the smallpox amongst the native inhabitants, was very alarming at the last advices. Vaccine virus was sent there, from Boston, in October, and hopes are entertained that the dreadful malady will be arrested by it. Only a few cases have occurred in Boston the present winter. The vigilant system of vaccination pursued here, secures the citizens; and the little that has occurred of late, has been in the persons of strangers, arriving here on business, who had not been vaccinated properly.

Mortality in 1841.—In Northampton, Ms., 70: under 1 year, 15; between 1 and 5, 10; 5 and 10, 3; 10 and 20, 2; 20 and 30, 12; 30 and 40, 5; 40 and 50, 2; 50 and 60, 3; 60 and 70, 5; 70 and 80, 9; 80 and 90, 2; 90 and 100, 2. Twenty-five died with consumption.

In Amherst, Ms., number of deaths, 41: males, 19; females, 22. Under 10 years of age, 12; between 10 and 20, 4; 20 and 30, 3; 30 and 40, 4; 40 and 50, 4; 50 and 60, 2; 60 and 70, 5; 70 and 80, 6; 80 and 90, 1. Diseases—consumption, 9; fevers, 8; disease of the heart, 3; disease of the bowels, 4; dropsy, 2; paralysis, 2; apoplexy, 2; liver complaint, 1; disease of the spine, 1; fits, 2; drowned, 1; canker rash, 1; infantile, 1; accidental, 1; hooping cough, 1; croup, 1; pleurisy, 1.

In Concord, N. H., number of deaths, 71: under 1 year, 12; between 1 and 10, 19; 10 and 20, 3; 20 and 30, 6; 30 and 40, 7; 40 and 50, 4; 50 and 60, 6; 60 and 70, 4; over 70, 11—the oldest being 96. Average age of the above was 30 years; the proportion to the whole population, 1 to 70. The unusual number of deaths among children is ascribed to the scarlet fever and throat distemper. The average age of those who died over 70, is 80 years.

On the Immersion of Children apparently stillborn, in Cold Water. By DR. SCHOLER, Assistant Physician of the Berlin Lying-in Institution. —Nothing more need be said of this paper (published in the *Med. Zeitung*) than that it contains two well-detailed cases, and alludes to several others, in which this measure was successfully adopted, after all the ordinary means had failed of reanimating the infant. The evidence adduced is certainly sufficient to warrant the adoption of the plan as a last resource after less violent measures have been tried in vain.—*Brit. Med. Review.*

Number of deaths in Boston for the week ending Jan. 8, 35.—Males, 18; Females, 17. Stillborn, 2.

Of consumption, 7—bowel complaint, 1—debility, 1—old age, 2—infantile, 2—scarlet fever, 3—canker rash, 1—intemperance, 2—inflammation of the lungs, 1—lung fever, 2—croup, 2—liver complaint, 1—dropsy, 2—throat distemper, 1—typhus fever, 1—burn, 1—fits, 1—inflammatory fever, 1—hooping cough, 1—unknown, 1.

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.

Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Theory and Practice of Medicine, by DAVID M. REESE, M.D.

Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.

Chemistry and Pharmacy, by WILLIAM MATHER, M.D.

Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.

Medical Jurisprudence, by WILLIAM F. RUSSELL, M.D.

Demonstrator of Anatomy, EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5—tm

JOHN JEFFRIES, *Secretary of Censors.*

VERMONT MEDICAL COLLEGE AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARKE, M.D.

Demonstrator of Anatomy, ORMON L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18. *No matriculation fee is charged.* Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, *Secretary.*

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by

Theory and Practice of Physic, by

Obstetrics, by

Chemistry and Materia Medica, by

JOSEPH ROBY, M.D.

WILLIAM SWEETSER, M.D.

BENNEZ WELLS, M.D.

PARKER CLEVELAND, M.D.

The Library contains about 3000 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation-fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1841.

D. 8—cop6t

PARKER CLEVELAND, *Secretary.*

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,

EDWARD REYNOLDS,

D. HUMPHREYS STORER,

OLIVER W. HOLMES.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch Jr., Providence, R. I.

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality.

N. 17—eop3m

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A COMPLETE assortment of Surgical and Dental Instruments, English and American—for sale low, by BREWERS, STEVENS & CUSHING, 90 and 92 Washington street.

D. 29—3m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure Quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Frank, addressed, post paid. It is also published in Monthly Pa. with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXV.

WEDNESDAY, JANUARY 19, 1842.

No. 24.

RUPTURE OF THE UTERUS FROM EXTERNAL INJURY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You can give the following case a place in your Journal, if you think proper.

On Jan. 1st, 1836, Mrs. Arnold, of Freetown, Cortland Co., N. Y., æt. 35 years, who had generally enjoyed good health, had borne several children, and was at the full period of utero-gestation, having occasion to step out of the house, while walking upon the ice, fell, striking, with the entire weight of her body, the anterior of the abdomen, and producing a sensation (to use her own phrase), as if she were split open, in the belief of which she was persistent. Faintness followed at intervals, amounting to complete syncope, during the first twenty-four hours after the injury, with incessant vomiting, coldness of surface and extremities, countenance sunken, and a death-like aspect. The physician and friends in attendance supposed the case must be fatal, and had little or no confidence in any means which they could adopt. Under these circumstances, my partner, Dr. Miles Goodyear, was called, at the end of twenty-four hours after the injury had been received. He learned that there had been no motion of the child since the fall; patient complained of occasional abdominal pains; os uteri not in the least dilated; external appearance of abdomen natural, but extremely tender to the touch. Had been no evacuation from the bowels since the injury. Enemata were now administered, but not sufficiently retained to produce their desired effect. Reaction had now come on to some extent; pulse 110 and small; tongue thinly coated and dry; mouth of uterus still rigid and unyielding. Ordered 10 grs. of protochloride of mercury to be given, and repeated at the end of four hours, and followed by a dose of sulph. magnesia, which in the course of five or six hours produced free intestinal evacuations. Vomiting not so frequent, general symptoms nearly the same. It was now some ten or twelve hours since the arrival of my partner, who advised mild febrifuge remedies to be continued, and left the patient in charge of the attending physician, who stated that he should recal him on the least change of symptoms.

Accordingly, in about thirty-six hours afterwards, he was again called, when I saw the patient with him for the first time. We found her with countenance more deathly, pulse 120 and more feeble, tongue thickly coated and dry in the centre, less vomiting, tenderness of abdomen not so much, and patient did not complain of pain in this region, more than of

other parts. Bowels had moved freely, and evacuations not peculiarly offensive. The general appearance of the patient now indicated the delivery of the child, if it were ever to be done. But upon examination, we found no relaxation or dilatation of the os uteri, nor was the least effort on the part of the uterus to be discovered. We now proceeded with the steps of a forced labor and delivery of the child. Accordingly, the dilatation was commenced; a process so obstinately resisted by the unyielding state of the parts, as to require from four to five hours to effect a delivery of the child. It may not be improper to say here, that to produce sufficient dilatation in this case, for the accomplishment of the object in question, was no very inconsiderable labor, the hand of the operator requiring frequent intervals of rest, to enable it to accomplish its purpose. The child was large, and dead as was supposed previously, but no disorganization had yet taken place, and everything had thus far been accomplished independent of any proper or natural function of the uterus. Profuse hemorrhage now came on; the uterus not exhibiting the least contractile effort. The hand was immediately returned, detaching the placenta with facility until it arrived at the upper and anterior portion of the organ, when it met a resistance, which seemed to be a perfectly firm adhesion of the placenta and uterus, extending over a surface of from four to five inches, which could not be broken up with any prudent exertion. Patient was now much exhausted, extremities cold, pulse scarcely perceptible at the wrist, hemorrhage had nearly ceased. In this state of things we concluded that any further effort to detach the placenta would not only be unavailing, but inexpedient, and to separate the detached mass from the adherent portion would be attended with the most imminent danger. Patient was now placed in bed, stimulants freely given, with frictions upon the surface, and sinapisms to the wrists and ankles. We left the patient in care of the attending physician, four days having elapsed since the injury was inflicted.

At the expiration of twenty-four hours we saw the patient again; there had been very little hemorrhage, no movement of bowels, external appearances nearly the same as when we left. Patient expressed herself better than she had been before during her illness, but still the features were more cadaverous. An enema was given, which procured free and dark fetid discharges from the bowels. She now began to complain much of pain in the region of stomach. Singultus, and vomiting of a green, viscid fluid, of fetid odor, now came on; abdomen more distended, pulse much more rapid and feeble, and the already prostrated powers of the system unequivocally told that they would soon sink. In a few hours death occurred, it being the sixth day from the time of the accident.

Autopsy, sixteen hours after Death.—On opening abdomen gangrenous spots were to be seen on the inner surface of parietes for four or five inches around the umbilicus. Some portions of peritoneum adherent to intestines, while other parts were softened in structure. Much fetid gas escaped from the cavity. The next thing met with, worthy of note, was a full-sized and properly-formed fœtus, with its extremities and body in the same relative situation in which nature had placed them in utero. The head and shoulders were lying closely upon the abdominal parietes,

to which a portion of the placenta was adherent, to the right and left of umbilicus, extending downwards, and laterally from three to four inches, the child lying anterior to all the abdominal viscera. Intestines mortified at various points. The friends objecting to a removal of the child, the facilities for further examination were not as ample as the case demanded. The rupture of the uterus occupied its superior and anterior portions, through which the child must have escaped, with its own placenta, at the time of the accident. Very little blood was found in the cavities, but a considerable quantity of serous fluid. It will be recollected that there was no external hemorrhage at the time the injury was received, and that there had been repeated evacuations from the bowels. It is certain that some contraction must have followed the rupture, from the absence of hemorrhage at the time, and that some inflammation supervened on the injury, which produced the adhesions met with in the effort to remove the placenta at the time of the delivery of the child.

In reviewing this case, the following question arises. Should not the Caesarean operation have been performed at once after the receipt of the injury? Our conclusion was, that the operation was not advisable, for the following reasons. First, that the uncertainty of diagnostic signs failed in marking accurately the pathological conditions of the case. Secondly, that if the precise nature and extent of the injury had been ever so accurately known, the violent contusion sustained by some parts, as well as the laceration inflicted upon others, had made an injury which had already prostrated the powers of life very much, and if we now add to all this the necessary results of the above operation, we shall have an aggregate of cause which most certainly would not fail to produce a fatal termination, sooner than if the patient only suffered from the accidental injury.

Cortlandville, N. Y., Jan. 3d, 1842.

FREDERICK HYDE, M.D.

DR. PAINE'S REPLY TO DR. CARPENTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will you oblige me with a place in your Journal, for the purpose of noticing a circular letter, addressed by Wm. B. Carpenter, M.D., to Professor Dunglison of Philadelphia, dated Bristol (Eng.), Nov. 16, 1841.

That circular refers to an imputation of plagiarisms, which I considered myself warranted in bringing against Dr. Carpenter, in a pamphlet entitled "Examination of Reviews," &c. Having exposed the remarkable tissue of misrepresentations which composes the review of my "Medical and Physiological Commentaries" (as appeared in the April No. (1841), of the British and Foreign Medical Review), and having, for very obvious reasons, drawn the offender from his obscurity, I then proceeded to inflict upon him; yet farther, what I regarded as a proper chastisement for the cowardly and wanton injury which he had attempted to perpetrate towards myself, and upon Dr. Forbes for admitting so malicious an article into his Journal, by exposing the plagiarism to which Dr. Carpenter's letter refers. The plagiarism was fully substantiated as it respects the Journal; and circumstantial evidence was submitted going

forcibly to show the probability that Dr. Carpenter was the author. That evidence was conclusive in my own mind till it should be rebutted by contradictory proof; and, of course, I had no doubt whatever that the public would sustain my conclusion on examining the nature of my premises. The repeated plagiarisms occur in the elaborate reviews of John Hunter's works, and of works by Carswell, Macartney and Rasori, contained in the April and July Nos. of the British and Foreign Medical Review, 1839, and occupying sixty-one (61) pages of the Journal. These authors, too, being pretty much used up by the reviewer, I considered it but an act of justice to the brightest ornaments of our profession to remove this slur upon their fame.

It is the object of the circular letter addressed to Professor Dunglison, to disclaim the authorship of those reviews, and this statement is accompanied by a letter from Dr. Forbes to Dr. Carpenter, in which Dr. Forbes remarks that,—“I shall take no notice whatever of his [Dr. Paine's] attack, farther than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns *you*—since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation.”

I have also received a curious letter from Dr. Carpenter, stating that he is not the author of the reviews of Hunter's, Carswell's, Macartney's, and Rasori's works, accompanied by copies of certificates from two gentlemen to Dr. Carpenter, expressing their belief that he is incapable of an act of plagiarism. The letter also contains a reference to an article in the Lancet of Nov. 27th, from which it appears that it is the tendency of that article to exonerate Dr. Carpenter from the imputed plagiarism,—but which I have not seen. With the package came, also, the *certificates of character* supplied to Dr. Carpenter on the occasion of the review of his “Principles,” &c., by the Edinburgh Medical and Surgical Journal.

This is all the proof with which I have been supplied in opposition to the various and forcible internal evidence of the imputed plagiarism. This evidence I know to have been generally considered ample in this country, as it appears to have been also in London. Indeed, this fact is prominent upon the very face of the circular letter. Such proof, therefore, can only be set aside by producing some other name as that of the author in question. If my proof be insufficient, it would seem to be obvious that the name of the plagiarist should be given to the world. This is alike due to Dr. Carpenter, to men of letters, and certainly to the dignity of Dr. Forbes himself. Indeed, till then, such as are disposed to exonerate Dr. Carpenter, must hold Dr. Forbes responsible. *Indignation* at so great a fraud upon himself should prompt a *disinterested* editor to expose the offender. Why does not Dr. Carpenter call for a disclosure of the author? This is certainly a most natural, as it would be a summary, mode of disposing of the whole subject. But again, I say, *where* is the *editor's self-respect*, that he does not expose the individual who perpetrated the indignity towards him? “The conduct of the writer of that review,” says Dr. Forbes, “in *palming* upon the *Editor* a

portion of the writings of another for his own, *cannot be sufficiently reprobated.*" Then, I reiterate, give us his name, and "let justice prevail, though the heavens fall." Present us another name; and then we shall have another phenomenon added to those extraordinary combinations of coincidences which Cotton Mather arranged under the denomination of "Unaccountables."

But, why speak I of *self-respect* in relation to a man who professes the "truth *without* equivocation," and yet contradicts the principle in nearly every line of his letter? Does not the whole of his letter—I repeat it—bear an aspect from which truth recoils, as much as common decorum is startled at its low-born insolence? Take any passage in the solitary letter-page, and every unprejudiced mind will allow the justice of my criticism. What can be more wilfully false than the whole of the following? Thus:—

"In looking at the vast accumulation of words in Dr. Paine's pamphlet, I confess that I feel regret that the review of his book (just and accurate as I still hold it to be) was not more favorable; as it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work, which, of course, no human being will read, except the author himself, perhaps the writer of the inculcated article, and, alas, the Editor of the Review."

Here it is an obvious falsehood in affirming that he holds the review of my "Commentaries" to be "*just and accurate,*" notwithstanding I have shown that the review is, throughout, a tissue of deliberate misrepresentations. Again, the opinion is not less falsely expressed, that "no human being will, of course, read the work except the author himself, perhaps the writer of the inculcated article, and, alas, the Editor of the Review." And what shall be said of Dr. Carpenter for appending this abusive letter to his circular, after the unatoned offence of misrepresenting my labors, and my character?

Again, Dr. Forbes states that my imputation of articles in his Journal to Dr. Carpenter is founded upon the editorial pronoun "*we*"; whereas, the *most important are directly claimed by Dr. Carpenter, in his own works, as his productions*; and where he refers to others in his review of my "Commentaries," I have shown that it is not in the ordinary way of editorial reference, but that he sets up a *claim* to the articles in question, of which the review of Hunter's works is one. Or take the following prevarication, by which Dr. Forbes would insinuate that Dr. Carpenter is not the author of the review of my "Commentaries," instead of a manly disavowal. "Perhaps," says Dr. Forbes, "when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the Review, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not GRATIFY HIS CURIOSITY on this point, by either affirming or DENYING the accuracy of his conclusions; and I DO NOT SEE ANY REASON WHY YOU SHOULD." (*My capitals.*)

And why this wily advice not to admit or deny the authorship of the review of the "Commentaries"? Was it supposed that either might possibly invalidate the statement as to the plagiarism? Nevertheless, the

cunning of this advice is worthy its well-disciplined author, however it is a palpable admission of the very fact which he aims at concealing. But, I will soon add the paragraph upon which I had just commented in connection with another from Dr. Carpenter's letter, to exhibit more fully this lame attempt to insinuate the belief that Dr. Carpenter was not the author of the gross injustice which had been done to my labors, and of which Dr. Forbes still appears insensible.

That the author of the plagiarisms, whoever he be, should broadly deny it, seems almost a matter of course. It would be absurd to suppose him restrained by conscience; and it is equally important that Dr. Forbes, even with his sensitive conscience, should make it appear that Dr. Carpenter is not the author of the reviews which embrace the plagiarisms; since Dr. Carpenter having avowed himself, in the Preface to his "*Principles of Physiology*," the author of elaborate articles in the *British and Foreign Medical Review*, the proof of the plagiarism standing uncontradicted would be fatal to the *existence of that Journal*. But mark; as it respects the articles in question, Dr. Forbes affirms that those extensive reviews of four most eminent cultivators of medical science were "the first specimen he had had of this person's writing, and, with one trifling exception, the only one he had ever had"! *Credat Judæus!*

It will be recollected that the plagiarisms consist of thefts from the Rev. Dr. Channing's works, and that the imputation reaches to Dr. Carpenter's "*Principles of General and Comparative Physiology*." I refer to this, for the purpose of introducing the following coincidence from Dr. Carpenter's circular letter. "The ideas which I have expressed," he says, "have been so long familiar to my mind, that I cannot imagine that they involve anything peculiarly Channing-ian. If any correspondence do exist [!] it is easily accounted for by the fact, that I received my education from one, who was for many years the respected and attached friend of that illustrious man, and WHOSE *mind*, cast in the *same* mould with HIS, *impressed* MINE with those *habits* of thought, which had led to whatever SIMILARITY *may* present itself between OUR published opinions"!—(*My capitals and Italics.*)

Now, then, this remarkable fact never would have been laid before the world, but for two obvious reasons; namely, 1st, because the parallel readings which occur in my "*Examination*" are *convincing*; and, therefore, we have here, under Dr. Carpenter's own signature, in his very letter of denial, a full admission that I had ample ground for the imputation of plagiarism, even had I not been prompted by the wanton attempt of this individual to falsify the hard labors of my professional life. 2nd, the foregoing remarkable fact is stated, also, because it is more or less known that Dr. Carpenter was educated by one who was "for many years the respected and attached friend of *that* illustrious man,"—but a fact which was wholly unknown to me till I saw it stated in Dr. Carpenter's circular!!

Again, when such fluttering occurs among the most callous critics of this or any other age, can there be a more substantial proof that my imputation of plagiarism is powerfully sustained? Do *such* critics tremble but under a well-merited lash, and this, too, when applied by one whom they affect to hold in that indifference which is the never-failing resource

of defeat? Does not the whole world believe that my proof is clear, and does not the trepidation of the redoubtable critics evince their consciousness of the fact? And why does the world believe? Surely upon my *proof*, not my *dictum*. Dr. Carpenter says to me, "your charges [not *charges*] have been very generally believed among those who do not know me." And who are they that thus surrender their belief to an unknown foreigner against one of their own cherished and much-honored countrymen? Who are they that thus forego an indomitable and ever-glorious national pride, to do a mortifying homage at the shrine of truth? They are illustrious Englishmen—the most illustrious men of the age—such as *believe* only upon *proof* when character is impugned. Nor—I repeat it—was a humble republican of America at all likely to gain indulgence but upon the abstract merits of his cause. Let it then be known, that I distributed eight hundred copies of my "Examination" amongst the savans of Europe, and in every instance, but one or two, their names are publicly enrolled as employed in the cause of science. To those same gentlemen I shall transmit these remarks.

And yet it is possible that I may be in error, and, what is very unusual, upon such a question, the intellectual world may be in error also. Let us then inquire, which is the greater offence—an act of plagiarism by a critic, or a systematic tissue of misrepresentations, by the same critic, of one of the most laborious works that has ever come from the medical press? To prove this falsification was the *main* object of my "Examination." Why, then, so much solicitude about the plagiarisms, and none at all about the *falsehoods*? Dr. Carpenter complains, in his letter to me, of the injury which will result to him from my imputation; and had there been one word of regret in that letter at the furious assault which had been made upon my labors, and even my character, it would have paralyzed my arm forever. But, he seems utterly insensible to the injury which would have resulted to myself from his libellous attack, had I not published that "Examination" under which he is now doing a bitter penance. There is, however, no parallel in our cases. I was marked as an innocent victim by the unprincipled editor, and his ever-ready scribe rejoiced in the opportunity. The dispensations of justice were against them. The guilty have fallen; and now they come before the world with a selfishness which is truly characteristic of the trade they follow.

I trust that the public will not be led away by the wailings of wounded pride from the main object of my "Examination of *REVIEWS*," which was to expose the scandalous system of reviewing by a part of the London medical press, which is mostly conducted by young aspirants who endeavor to sacrifice all but their own *cliques*, or, at most, lavish their praises upon the works of others which they know to have fallen "dead-born from the press." If our *par nobile fratrum* have been caught at last, shall they be permitted to effect their escape under a *cry* that is foreign to the great object of my "Examination"? I certainly feel but *very little interest* in the affair of the *plagiarisms*, beyond the fullest disposition to be just to others, and to sustain the truth. And, while adverting to the leading medical presses of London, as well, also, to show with what consideration the imputed plagiarisms were received in

Europe, I will take the liberty of quoting a paragraph from a letter which I have just received from as distinguished a philosopher as adorns the present age—premising, also, that I have not the honor of knowing him personally, or of ever having before received a communication from him. Thus:—

“DEAR SIR,—I beg to thank you for the copy of your ‘*Examination*’ which you were so kind as to send me, and which I had the pleasure of receiving a few days ago. The exposure of Dr. Carpenter’s plagiarism will do good. The whole system of anonymous medical reviewing in this country is disgraceful, conducted as it is almost entirely by the hands of a set of pert boys, at most but just emerged from their medical studies.”

Finally; it is unnecessary to say that there is no other attempt to escape from the proof by which I so variously identified Dr. Carpenter as the author of the review of my “*Commentaries*,” than the following prevaricating passage with which Dr. Carpenter’s circular letter commences, and which, of course, is equivalent to an admission of the authorship, however he may be disposed to screen himself behind his accommodating friend. Thus:—

“Having just received from Dr. Paine a copy of his ‘*Examination*’ of the Critique on his Medical and Physiological Commentaries, which appeared in the April number of the British and Foreign Medical Review, I find, to my great surprise, that Dr. P. has thought himself justified—not only in singling *me* out as the Author of it, and in animadverting upon what he considers to be *its* misrepresentations, as if they were *mine*, thereby attempting to make that a matter of personal discussion between us, for which the editor of the Review holds himself responsible,” &c.

This is all the atonement I receive for the wrong attempted by Dr. Carpenter; whilst he holds himself up as an injured man because he was unfortunate at the game he had undertaken. As to his “surprise at being singled out as the Author,” he should have considered more maturely the spirit of the following passage which occurs in my “*Examination*.” Thus:—“That great and dignified critic, Samuel Johnson, advises authors—to consider how they whom publication lays open to the *insults* of such as their *obscurity* secures against reprisals, may extricate themselves from unexpected encounters.” It is obvious that one of the important expedients, in cases of this nature, lies in raising the veil, and surprising the offender.” That I was correct in *this* opinion, I presume that even Dr. Carpenter will most readily allow.

But, take a passage to which I have already referred for another purpose from Dr. Forbes’s letter, in which, with a view to protecting Dr. Carpenter against the charge of being the author of the review of Hunter’s, Macartney’s, Carswell’s and Rasori’s, works, he unwittingly avows that Dr. Carpenter is the author of the Review of Paine’s Commentaries. Indeed, he even founds an argument upon the avowal. The authorship being admitted, Dr. Forbes then proceeds to show that Dr. Carpenter must not be held responsible for other articles because he employed the editorial *we* in his reference to others, in his review of Paine’s Commentaries.

"It is singular that Dr. Paine should have been so ignorant of the ordinary mode of conducting a Review, as not to know that the reference from one article to another is no proof whatever of the identity of the authorship of the two—even when this reference is made by the writer of the latter article. But, most commonly, such references are made by the Editor, without any communication with the original writer, in the exercise of the privileges inherent in the office of the great editorial WE."

The foregoing is the shuffling to which I have before referred as misrepresenting the means by which I have connected Dr. Carpenter with various articles in the British and Foreign Medical Review. The impotent attempt which is made in the circular letters to imply that Dr. Carpenter is not the author of the review of my "Commentaries," in opposition to the various and overwhelming proof contained in my "Examination," and the simultaneous betrayal of this attempt at deception, as well as the other exposures which I have now made, divest the letters of all claim to credibility, even were not the parties arraigned for an offence which demands other proof of innocence than the mere negative of the inculpated. But, I also repeat it, these two letters not only establish the guilt of Dr. Carpenter as it respects his misrepresentation of my labors, and of my character, but go far to fix upon him the *stain of plagiarism*. In his future attempt to wipe away this stain, it will be well to express some contrition at the magnitude of the offence which was perpetrated in relation to myself.

I have always been sensible that I had but little to hope, at present, from the medical press of Europe; nor have I been mistaken in the estimate I had formed of a portion of the press in that part of the world. I have never apprehended, however, that full justice would not ultimately come, when this "*age of pamphlets*" shall have passed, and therefore I have looked with comparative indifference upon the treatment which I have received, though with a stern determination to protect myself against every act of injustice from sources entitled to consideration. That tears of editorial sympathy will now deluge the European hemisphere, cannot be doubted; but, whether the flood will be increased from this side of the Atlantic, time can only disclose. In the meanwhile, I shall prepare myself for the coming of the waters, and be ready with my Ark for a "nine days'" storm. I am, Mr. Editor, most respectfully yours,

New York, 446 Broome street.

MARTYN PAINE.

December 24, 1841.

P. S.—I shall esteem it a favor, as well as an act of justice, if those journals which may publish Dr. Carpenter's circular letter to Professor Dunglison, or other communications from Dr. Forbes relative to the imputed plagiarisms, will give the foregoing comments an insertion.

M. PAINE.

DR. JEREMIAH WILLIAMS.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, in Warren, December 31st, Jeremiah Williams, M.D., Vice President of the Rhode Island Medical Society, aged 55 years. Dr. Wil-

liams has been for more than thirty years in very extensive practice, and well deserved the high confidence reposed in his skill. He also filled a wide sphere of action as an enterprising and useful citizen. He was one of the few surviving petitioners for the charter of the Medical Society in 1812; was active and efficient in establishing and supporting the Warren Seminary, the friends of which will long have reason to feel and lament his departure; and he contributed liberally to the support of other useful, benevolent and religious enterprises of his town. As a practitioner he was bold and efficient—thought for himself, and was a close observer of nature as well as reader of books. By industry and enterprise in mercantile and professional business he acquired a large estate, but when about ready to enjoy it in quiet retirement, he was, by the inscrutable order of Providence, summoned to another state of being, there to receive, as his afflicted family and friends have abundant reason to hope, the approving sentence of “*well done good and faithful servant.*”

P.

ON THE HARDENING OF THE UNGUENT. HYDRARGYRI NITRATIS.

THE action of nitrous acid and nitrate of mercury upon the fixed oils and fats has been pretty fully investigated by the continental chemists, and they have divided them into two divisions, viz., the drying oils and the fat oils, according to the effects that nitrous acid and atmospheric air have upon them. The former of these absorb oxygen on exposure to the air, becoming a transparent hard mass, but are not solidified by the acid. The fat oils, on the contrary, become solid when nitrous acid is added to them, to which the name of glaidine has been given, and which is solid at ordinary temperatures; but if a small quantity of any drying oil (as linseed, poppyseed, hempseed, or walnut) be added to them, it greatly modifies and retards their solidification.

Referring to the very different result, as to hardness and color, which has been obtained by different manufacturers of ung. hydr. nitr., Mr. Kemp says, “how to account for the difference which exists in the preparation when only olive oil and lard are used, is certainly a matter of considerable difficulty; it probably depends upon the manipulation and the proportion of the ingredients used; and I would ask, whether in some instances the fat oil may not have been contaminated with some oil of a drying nature?”

We had made a passing allusion to this subject in our notice of Dr. Liebig’s work “on Oily Acids,” before the receipt of Mr. Kemp’s communication. It appears from Mr. Alsop’s paper “on Ung. Hydr. Nitr.,” that the two points upon which the success of the preparation principally depends, are the proportion of acid employed and the temperature at which the mixture of the acid solution with the fat is effected. We can speak from experience to the fact, that where due attention is paid to the strength of the acid, so as to make the equivalent equal to that ordered in the Pharmacopœia, the ointment never becomes hard or discolored. On the other hand, when the proportion of acid is deficient,

the hardening, we believe, always takes place. This uniformity of result, under the circumstances indicated, would seem to preclude the probability of the consistence depending upon the genuineness of the olive oil, as suggested by Mr. Kemp. We agree, however, with what appears to be Mr. Kemp's opinion, that the hardening of the ointment is most likely caused by the conversion of the oleine into the elaidine. The principal difficulty consists in accounting for the difference of effect where the proportions of acid are different, for if nitrate of mercury and nitrous acid are capable of converting oleine into elaidine, it might be inferred that the change would be most complete, and the ointment consequently the hardest, where the largest proportion of acid was used. But this is not found practically to be the case.

We would observe that the conversion of oleine into elaidine is not caused by the action of pure nitrate of mercury or nitric acid, but is due to the hyponitrous acid which is held in solution in recently made nitrate of mercury, and also in the fuming nitrous acid. It would be important, therefore, to determine whether the nitric solution of mercury made with excess of acid, as directed in the Pharmacopœia, contains as much hyponitrous acid as it would if the proportion of nitric acid were smaller. The subject requires a careful investigation, and would afford matter for an interesting paper at some future meeting of our society.—*Pharmaceutical Transactions.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 19, 1842.

OBJECTS AND NATURE OF MEDICAL SCIENCE.

SUCH is the title of Dr. Bartlett's lecture (previously referred to) on the 3d of November, at Lexington, Ky. He commences by saying—"I am to teach the theory and practice of medicine, and I propose to devote the first hour of our official relationship as teacher and pupils, to an explicit statement of my own conception of some of the fundamental duties which belong to my department."

Knowing the character of Dr. Bartlett's mind, and the careful scrutiny to which everything is subjected that is brought within his sphere of thought, we were prepared for just the kind of discourse this proves to be—viz., a philosophical examination of the duties belonging to the chair to which he was recently elected. Dr. B. reasons: he is not accustomed to jump at conclusions. In defining the nature of the science and art of medicine, he displays that evidence of mature deliberation and power of analysis, which always commands respect, and influences the minds of others.

Men of high intellectual attainments will differ upon the question—in what does the science of medicine consist? It is as certain, too, that the schools will never agree harmoniously in the doctrines which are occasionally taught, as lately discovered principles. Great laws are ad-

mitted to exist, and derangements of the vital functions are also admitted, in individual cases; but how they are produced, or in what manner they can most readily and safely be restored, has kept the medical world by the ears since the age of Hippocrates; and though we by no means wish to alarm pathological peace-makers, we must be allowed to say that a medical millennium is still in the obscurity of the future.

"The true purpose of all *medical science* differs," says Dr. B., "in no respect, from that of the other sciences. I shall speak only of that department to which our own investigations are to be more particularly confined. The chair which I occupy and the branch which we are to study is designated by the title of "*The Theory and Practice of Medicine.*" It embraces the entire natural history of disease, and the best methods for its mitigation and removal. Its legitimate object is the investigation and ascertainment of all the phenomena of morbid action—the relations of these phenomena to each other, and to their causes—and, also, to those substances and agents in nature which are endowed with the property of influencing and modifying them. It is possible enough, that this announcement may seem to you, after all this apparent flourish of trumpets, no very momentous or important affair; but let me assure you, that, simple as it may seem, you will find it to be a principle pregnant, like all true principles, with almost infinite results."

We have room but for one more extract.

"There is one aspect in which the phenomena of the living economy, both in health and disease, approach very nearly in invariableness and absoluteness to those of inanimate matter. I mean when these phenomena are considered in great aggregates—on a vast scale. When this is done, we see these laws developing and manifesting themselves, with a majestic regularity, like that which carries the planets round the sun. Nothing can be more doubtful than the duration of life, for instance, in the case of a particular individual; but when the observation of this *fact*, the duration of life, is extended from one to a million or to a hundred millions, the *average period* becomes one of great certainty and correctness. Of two individuals born on the same day, and with apparently equal prospects of life, one may finish his career in an hour, and the other may reach the age of a century of years; but of a hundred thousand born in a given continuous period of time, the mean duration of life in the first fifty thousand will not probably vary, to *any appreciable extent*, from that in the second fifty thousand. The whole science of vital statistics consists of these extensive observations and generalizations. The same process may be applied, to some extent, to the phenomena of disease, and the result will be certain *general, approximative* laws—laws of *degree or proportion*, as we may call them. For instance, although nothing can be more uncertain, in the case of an individual who is exposed to the causes of tuberculous disease, in which side of the chest the morbid disposition will commence, still of a very large number, say a thousand, it may very confidently be predicted that two thirds will have the left lung affected before the right. In other words, observation seems to have established the fact, that in about two thirds of the cases of tuberculous phthisis, the morbid disposition *begins* in the left lung. This *predilection*, then, of the morbid element for the left lung, may be considered, properly enough, a *law of pathology*. Similar remarks may be made in regard to very many other morbid phenomena. But we are not to forget, that however absolutely and positively we may express these general laws—when applied to vast

aggregates—the practical and actual dealing of the physician is with individual cases :—and that here the law deduced from the great aggregate, as an average or proportionate result, may fail entirely in its application.”

We have known Dr. Bartlett here at the North a long while, and shall not, therefore, be inattentive to his prosperity. He has moved to a more genial climate, where we doubt not his talents are appreciated, and where the sphere of his usefulness will ultimately equal the deserts of a scholar, a candid medical philosopher and a gentleman.

History and Progress of Phrenology.—New things become old, and old ones sometimes become new. Such is the condition of the once novel, exciting, and now much-abused science of phrenology. Although advocated by some of the most profound men of the age, it has been the misfortune of phrenology to be the hobby of little minds, and hence the division of sentiment upon the subject.

The volume before us was published at Buffalo in 1839 ; but it is really, to us, a recent affair. It is a work of common sense, by a learned man, and therefore totally different in its character from the mass of treatises which have been elaborated in this country upon the same fruitful topic. The author is R. W. Haskins, A.M., the ingenious author of an admirable system of astronomy, designed for schools, which we hope will finally be extensively introduced in Massachusetts. Some of the plates are good likenesses : we recognized Dr. Spurzheim, Mr. Geo. Combe, and Dr. Charles Caldwell, as particularly accurate. We cannot very conveniently make extracts ; yet the plan and execution of the book is such as to commend itself to all friends of phrenology, far and near. In a literary point of view it will compare favorably with the writings of those who have made more noise in the world than Mr. Haskins, without being half as erudite, or accomplished in scholastic wisdom.

Harvard University Circular.—A catalogue of the members of the present class attending medical lectures in Boston, just published, has 118 names upon it, which is truly encouraging. The class has not been so large before, for many years. Since students cannot be better taught in any other place, there is no reason why the number should not be constantly increasing. Surely the facilities for obtaining knowledge cannot be questioned. The circular plainly states the course pursued in this excellent school, so that no one will be disappointed who visits it in the capacity of a pupil. Hereafter two full courses of lectures will be required in this institution, of candidates for a degree of doctor in medicine. But for one of these courses “ a substitute may be received in a course of lectures at any other medical institution in which the number of teachers is not less than six, and in which the time occupied by lectures is not less than four months.” The idea is becoming extensively diffused, that the lecture terms, generally, in this country, are too short. Four months is thought better than three. Several schools are therefore modifying their old system of operations.

Mortality of Boston in 1841.—It is gratifying to speak of the good condition of the public health in this city. The number of deaths in 1841 was less than in 1840—being only 1919. The year was not characterized, as we have before remarked, by the prevalence of any epidemic, and yet

a considerable number of persons died of one or two diseases.—84 died of lung fever, as expressed on the official returns, 87 of scarlet fever, 37 of hooping cough, 108 of infantile diseases, 256 of pulmonary consumption, 28 of diseases of the heart, 57 of smallpox, 87 of measles, 55 of old age, &c. Such is the vigilance of the internal health department of the city, in speedily removing all offensive accumulations of decomposable matter from the streets, that notwithstanding the increase of population, and the prodigious daily influx of strangers by the railroads, and from the ocean, the city is unsurpassed in the general health of its inhabitants.

Requisitions for becoming a Member of the Boston Medical Association.

—A stranger, through the post-office, who wishes to ascertain the conditions for becoming a member of this Association, is informed that a professional gentleman, establishing himself in the city, simply waits upon the Secretary of the Association, and exhibits his testimonials—which must either be a medical degree from a reputable college, known to confer such honors, or a license from the State Medical Society. He signs the by-laws, and at once is in good fellowship with the members, who are notified of his admission. If the candidate, however, has not a license, he can apply to the Censors of the State Medical Society, who will examine him, and if qualified, grant one. He can then enter the Association, and is at once entitled to its privileges, without the payment of any matriculating fee. Medical strangers, of proper qualifications, are nowhere treated with more marked kindness, than by this excellent Institution.

Comparative Anatomy.—Those who investigated the structure of the orang outang skeleton which was prepared by a medical gentleman of Boston, some twenty years ago, have now a rare opportunity of examining the living animal, in Washington street, which may not occur again in half a century. Ten minutes devoted to the examination of the head, facial expression, muscular developments, and general external characteristics, of this fine specimen, will be more satisfactory to a man of scientific pursuits, than whole tomes of descriptive writing even from the highest authority.

Principles and Practice of Obstetric Medicine and Surgery.—From the press of Messrs. Lea & Blanchard, has been issued a very large and elegant volume, the first American edition, entitled "*The Principles and Practice of Obstetric Medicine and Surgery, in reference to the Process of Parturition, by Francis H. Ramsbotham, M.D., &c. &c.*," which has a more than ordinary claim to be carefully examined by medical editors, since the author is identified with all that can with propriety be called *improvement* in either of the departments to which this great work is especially devoted. As it is truly massive, we prefer to take time for its analysis, assuring the publishers, however, as well as the profession generally, that our impressions, even now, are decidedly favorable. There are one hundred and forty-two plates, and four hundred and fifty-eight royal octavo pages of text.

Minute Anatomy.—Generally, we pay no sort of regard to anonymous correspondents, because, when a man entertains honorable intentions, he

should never conceal his name. The writer of a note from New Hampshire, some weeks ago, who criticized pretty freely upon something of which he probably knew less than he imagined, will understand, by this, that he would be treated respectfully, if we knew to whom we were speaking. The technical expressions to which allusion was made, were correct. The sutures were not followed. If the divisions between the healthy and diseased parts had followed the natural line of connection, then the description would have been incorrect. The instrument swept through as related; and it is presumed besides that the account was correct, since it was thus related by him who had the skill to accomplish the difficult undertaking.

Mortality in 1841.—In Hillsborough, N. C., there were only 13 deaths during the past year, in a population of about 1000, besides about 150 scholars in the different schools—viz., 3 whites and 10 colored. There were 37 births—viz., 8 white males, and 7 white females; 12 colored males, and 10 colored females.

The number of deaths in Amherst, Mass., during the year 1841, in a population of 1565, is 31—19 males, and 12 females, exclusive of stillbirths. Five died under 1 year, 3 between 1 and 5, 2 between 5 and 10, 5 between 10 and 20, 1 between 20 and 30, 3 between 30 and 40, 3 between 40 and 50, 1 between 50 and 60, 2 between 60 and 70, 3 between 70 and 80, 1 between 80 and 90, 1 at 90, and 1 at 97. Although the season has been generally healthful, the proportion of deaths to the population of the town is large; 1 to 50½ very nearly. More than the usual number died at advanced age, making the duration of life about 34½ years.

The whole number of deaths in the city and town of Hartford (excepting West Hartford and the Alms House), during the year which has just closed, is 191. In 1840 the number was 188.

The whole number of deaths in the town of New Haven, for the year 1841, was 315—25 of whom were colored persons.

New Medical Appointment.—Henry Bronson, M.D., of Waterbury, has received the nomination for the vacant Professorship of *Materia Medica* and Therapeutics, in the Medical Institution of Yale College. This gentleman is well known as a classical writer, a profound scholar and a judicious medical practitioner: and the friends of the Institution will be gratified to learn that the chair is to be filled with such distinguished ability.

MARRIED.—In West Boylston, Dr. Josiah Abbott, of Marlborough, to Miss Arminda, daughter of Deacon Joseph White, of W. B.

DIED.—At Warren, R. I., Jeremiah Williams, M.D., 55.—At Vicksburg, Miss., Dr. Brown, in a quarrel.

Number of deaths in Boston for the week ending Jan. 15, 48.—Males, 24; Females, 24. Stillborn, 1. Of consumption, 6—disease of the heart, 2—suicide, 1—debility, 4—scarlet fever, 8—croup, 3—erysipelas, 1—inflammation of the bowels, 2—smallpox, 1—lung fever, 3—typhus fever, 1—convulsions, 1—dropsy in the head, 2—apoplexy, 2—intemperance, 1—pleurisy fever, 1—sudden, 1—rheumatic fever, 1—liver complaint, 1—disease of the brain, 1—infantile, 3—paralysis, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of this Society at their room, Masonic Temple, on Wednesday, the second day of February, at 11 o'clock, A. M. GEORGE W. OTIS, JR.
J. 19—am Recording Secretary.

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.
 Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.
 Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.
 Theory and Practice of Medicine, by DAVID M. REESE, M.D.
 Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.
 Chemistry and Pharmacy, by WILLIAM MATHER, M.D.
 Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.
 Medical Jurisprudence, by WILLIAM F. RUSSELL, M.D.
 Demonstrator of Anatomy, ROBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5—1m

JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	- - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - -	DR. PARKMAN.

Rooms for study, fuel, and light, free of expense.

For terms, apply to S. Parkman, M.D., 7 West street.

O. 13—coptf

H. I. BOWDITCH,
H. G. WILEY,

G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—coptf.

GEORGE W. OTIS, JR.

INSTRUMENT

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in gr at variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

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D. 1.—6m

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 25.

EFFECT OF SULPHATE OF QUINIA ON THE SPLEEN.

[Communicated for the Boston Medical and Surgical Journal.]

WHILE following the clinics of M. Piorry, at La Pitié, our attention was called to some observations made by this distinguished physician with regard to the action of the sulphate of quinia upon the spleen in cases of intermittent fever. A careful and prolonged examination of the cases which appeared from time to time in his wards, served to convince us of the truth of Piorry's statements. It is thought that some brief notes of a few cases cannot fail of being interesting to the readers of the Journal.

CASE I., æt. 18, entered the Hospital with intermittent fever of the quotidian type, on the 14th. All the organs were healthy except the spleen, the length of which was seven inches and ten lines, breadth five inches five lines. On the morning of the 15th 3 ss. sulph. quinia was administered; twenty minutes after, percussion demonstrated that the hypertrophied organ had been reduced to six inches six lines in length, and to four inches four lines in breadth. The paroxysms were diminished in intensity, but persisted until the 18th; the spleen preserving its reduced volume. 19th. ℞ij. sulph. quinia; twenty minutes after, the spleen presented only three inches five lines in length, and three inches three lines in breadth. From this time patient had no more attacks; the spleen preserved its volume, and on the 24th he went out of the Hospital cured.

CASE II., æt. 19, constitution robust, entered on the 9th, with a quotidian intermittent of three weeks' duration. At the period of his entrance the spleen measured six inches six lines in length. 3 i. sulph. quinia in two doses; in a few minutes it was reduced to five inches five lines in length, but after this it was impossible to obtain any further reduction, although doses as large as the above were administered. Vesicatories upon the splenic region, with general bleeding, had no more effect. Piorry thought that the sulph. quinia had not been given in sufficient quantity, and accordingly on the 21st, 9 A. M., 3 i. at a single dose; twenty minutes after, the spleen measured but three inches six lines in length, instead of five inches five lines. This large dose occasioned no difficulty whatever. The spleen preserved its volume, and on the 26th the patient was discharged cured.

CASE III., æt. 23, quotidian, entered 20th, after having had four paroxysms. Spleen five inches five lines in length, and four inches four lines broad. Other organs normal. 23d. 3 i. sulph. quinia in one dose. In ten minutes spleen reduced to four inches seven lines in length, and

three inches six lines transversely. From this day the fever ceased. 24th. $\text{Ḑij. sulph. quinia}$; reduction in ten minutes, three inches six lines by three inches three lines. 27th. Discharged cured.

CASE IV., æt. 30, entered 6th. All the organs healthy except the spleen, which measured four inches seven lines by two inches six lines. 7th. Twelve minutes after the administration of Ḑij. of the salt , the spleen was reduced to four inches in length by two inches three lines in breadth; the heat and fever ceased. 8th. A dose of 3 ss. ; in ten minutes spleen measured but three inches three lines, by two inches three lines. Discharged cured on the 10th.

The foregoing summary of a few cases, although drawn up with too much brevity, will suffice to illustrate this recent discovery.

The urine has been repeatedly analyzed, and with nearly the same results; for example, ten minutes after a dose of $\text{3 i. sulph. quinia}$ had been administered to a patient, 3 iv. of his urine was found by M. Bourchart to contain ss. gr. of the alkaloid. The hypertrophy of the organ remains always the same in the different stages of the fever.

Piorry contends that "the fever is not the cause, but the manifestation, of the pathological condition of the spleen." In support of this theory he refers to several cases, from which we select the following:—"Two persons, after having fallen violently upon the left side, experienced in the region of the spleen a permanent pain, after an interval of fifteen days in one case, of six days only in the other—beginning by an access of fever of the quotidian type in the first case, by a quartan in the second. At their entrance into the Hospital both presented a daily paroxysm very complete. In both the pain in the splenic region augmented on pressure, especially in the inferior part of the circumference of the organ. A bleeding in one case was sufficient to remove all the symptoms; the sanguineous depletion dissipated the pain in the other case, and reduced almost entirely the febrile accessions, which did not disappear completely until after the administration of $\text{Ḑ i. sulph. quinia}$. The first was cured in 48 hours, the second in four days. We see here paroxysms follow the sufferings of the spleen in a very evident manner; on the other side, we have found that this organ augments very sensibly by a repetition of the paroxysms. Are we not right in concluding, that things occur in an analogous manner in marsh fever, and that in both cases the fever is not the cause, but the result of the disease of the spleen?" He teaches also that if the remedies are directed to this organ so as to reduce it to its normal volume, there is no danger of a relapse, and that there can be no radical cure unless this be effected.

We might here remark, that though the observations of M. Piorry seem to prove that the spleen is hypertrophied in all intermittents, yet there are many eminent pathologists who have entertained a contrary opinion. M. Bailly, for example, in thirty-three post-mortem examinations of persons who died from this affection, found only two cases in which the spleen was enlarged. Whatever may be the fact with regard to this, or to the theory of M. Piorry, of this much we are certain, that the administration of the sulphate of quinia in large doses causes an almost instantaneous reduction of the spleen when enlarged.

The whole subject may not be unworthy the notice of American practitioners who reside in those districts in which intermittents prevail. It would be interesting to observe if bleeding in the cold stage, the use of the cornus Florida, eupatorium perfoliatum, and the various other remedies employed in this disease, produce the same effect.

To those who are unaccustomed to percussion, it may seem impracticable to measure any of the viscera with the precision indicated above. With the ordinary method this is at least difficult; but if auscultatory percussion be employed as invented by Drs. Camman and Clark, of New York, the spleen and many other internal organs can be measured with almost mathematical accuracy.

D. J. M.

Paris, September, 1841.

MULTIPAROUS LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of multiparient labor, which occurred in my practice about two weeks since, you are at liberty to publish in your Journal, if you consider it worthy of notice.

I was called obstetrically to attend Mrs. P., who is an uncommonly robust, healthy woman, and the mother of several children; but found, on my arrival, that she had just given birth to a child of the medium size, having had very few premonitory symptoms of such an event. I immediately proceeded to remove the placenta, but, on examination, found the head of another child favorably presenting, enveloped in another placenta, the membranes of which were unbroken. The pains, however, had ceased, and as no untoward symptoms occurred, I suffered the patient to remain in that situation for about three hours, when the pains returned and she was soon delivered of a second child. On making an examination again, I directly discovered, to my astonishment, the head of a third child presented (equally as favorably as the second), of which she was also soon delivered. All three of the children are still alive and doing well; their aggregate weight is about twenty pounds. The mother was able, on the second day after her confinement, to walk across the room, and still remains remarkably comfortable.

L. N. BEARDSLEY.

Milford, Ct., Jan. 13th, 1842.

RECENT IMPROVEMENTS IN MEDICINE AND SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

It is a fact with which all who are at all conversant with this subject are familiar, that within the last few years the sciences of medicine and surgery, particularly the latter, awakening from their long slumber, and shaking from them the drowsiness and inactivity in which they had been wrapped, have in the rapidity with which they have progressed towards perfection, equalled, if not surpassed, the glorious strides which have been made

by many of the other sciences; and which have so remarkably stamped the present as specifically an age of improvement. Few stronger proofs can be cited in favor of the existence in man of a capacity formed for constant progress, than the history of these sciences during the present century; by which so vast an amount of mental as well as physical suffering has been ameliorated. Look back some few years and trace the history of some of the most important and valuable medicines now considered indispensable in general practice, and we shall find that the date of their admission into the Pharmacopœia is very recent. Quinia, creosote, iodine, morphia, and others which it is unnecessary to mention in this place, are among the acquisitions of the present century. Take the first-mentioned article alone; if we could accumulate the number of instances in which inestimable relief has been obtained from this single preparation, how immense would be the aggregate.

Again, examine the history of surgery, and we shall find that the rapid improvement which has taken place in this branch of the profession in the same space of time, leaves far in the back ground all that can be said in favor of the former. The facilities now afforded for anatomical observation, morbid or otherwise, may be said to be the root from which results of such vast importance have sprung. Of the true value of the harvest yet to be gathered from the same source, no correct estimate can be formed. *They* are indeed true benefactors, who have forwarded by their personal influence and efforts this species of scientific research. In those complaints particularly which have involved a displacement of different portions of the human frame, and which since the world began have been considered as beyond the reach of human aid, or been subjected to prolonged, and for the most part unscientific treatment, how extensive is the field of improvement which presents itself.

Resources hitherto undreamed of even by the most scientific, have been developed and grown to what now seems perfection. Those whom nature, less bountiful than to the generality of mankind, has not gifted with the full development, or right proportion of all the different organs (in one of the least of which the slightest imperfection is often productive of a most serious evil) may, in instances exceedingly numerous, by application to these resources find the deficiency made good.

There is a large fissure in the roof and back of the mouth; portions of the ossa palati, velum palati and uvula are wanting; parts of the vocal apparatus indispensable to the utterance of distinct sounds. By a modern improvement in the art, requiring, to be sure, great *surgical* skill and assiduity, a new membrane is formed, a new palate is produced, and thus is perfected that which originally had been created imperfect. Disease, caries of the bones, or some other cause, has deprived a fellow creature of an organ indispensable to his comfort, and without which he feels himself to be an object calculated to fill all around him with disgust. Here is an example (an extreme case, it may be said) of the mental torture already alluded to. How much more agonizing is the pain which the mind of a person so situated has to endure, than any physical evil or discomfort to which it may give rise, or than the knife of the operator can inflict. But to return to my subject; a new nose is formed, and the

person, rendered feeble by confinement to which a natural susceptibility to his personal appearance had subjected him, but principally the effect of the very keenness of his feelings on this point, receives renewed health by a return to those sources of enjoyment from which he has so long been debarred, and in consequence of the spring which his mind thus receives when this insupportable burden is removed.

By recent improvements and inventions the lame are made to walk ; those who have cast side-long glances all their lives, now look their fellow creatures straight in the face ; and the spinal vertebræ, curved from their natural position, are replaced.

By the introduction of tenotomy, a branch entirely unknown thirty-five or forty years since, new and unheard-of relief is afforded to that large class of sufferers whose cases were, but for this remedy, hopeless, and who have in past times been forced to drag with them from their cradles to their graves a species of malformation (reference is here made to that variety included under the generic term of talipes or club-feet), often extremely painful, and always, to say the least of it, inconvenient and uncomfortable, and so conspicuous in its situation as to render futile all attempts to disguise it from the observation and remark of others. Frequently the mere division of a single tendon, accomplished with trifling pain or loss of blood, would have restored a young and beautiful female to society which she was otherwise formed to adorn, and to the happiness of domestic ties ; or a man to a life of activity and energy. But this was not their good fortune ; they were born in times antecedent to this discovery, and consequently became aware of the fact that in most cases their deformity would end only with their lives.

The dividing of tendons and muscles in the back, a still more recent application of this science, has been attended with a success sufficient, one would think, to serve as an encouragement to renewed and often-repeated undertakings of the same nature. Where, as has been the case in one or two instances during the past six months (the only ones, with a single exception, so far as my knowledge extends, in which this operation has been performed in New England), the individual, in the course of only a few days after the operation, rises some inches in height, there can be no hesitation, in the mind of one who has had facilities for observation, in regard to the utility of its employment in severe contractions in these parts, and that it is a most important, and in some cases an indispensable auxiliary to a successful treatment of these affections. But that all this should result in a cure, improvement in mechanics must accompany that of surgery ; without this aid but little can be accomplished. Of what avail is the most consummate skill of the surgeon, if his instruments are not formed of the best tempered steel ? the delicate operations of modern surgery must, in such a case, be abandoned. Idle would be his efforts, in the cases of which we have been speaking, even should he be able to procure the operative instruments, and by means of these remove the primary cause of the distortion, if he could not call mechanical means to his aid, and by the use of the ingeniously-contrived machine, and the well-adapted spring, reduce bone and muscle to their proper position.

To cite a case in point—there has recently been introduced into this

city, an apparatus for the rectification of curvatures of the spine, which is in itself an unequalled specimen of the aid which this art, combined with anatomical adaptation, can afford to surgery, in forwarding its great object; viz., the removal of those obstacles which interfere with the perfect enjoyment of health, or the supplying deficiencies in physical conformation. The plan of this beautiful and complicated piece of machinery was first imported from Paris, a few months since; from this some models were taken, and it is now but a few weeks since the first one, with the addition of some American improvements, was completed,* and it is difficult to imagine a more perfect piece of workmanship, or one more decidedly adapted to accomplish its purpose. Thus we see the two systems, mechanical and surgical, united in a fellowship so close, that in as far as the attempt is made to sunder the connection, so far do we destroy the effect of each.

PREGNANCY OCCURRING AFTER COMPLICATED ABDOMINAL AND UTERINE DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

MADAME D., aged 35 years, of a nervous temperament and very active habits, became my patient Aug. 10, 1837. Her condition was as follows:—Menses regular, though slight; prolapsus uteri, with great congestion of cervix; the os tincæ within one inch of the external parts, and the cervix nearly twice its natural size. For the preceding nine years, quantities of matter had been discharged per vaginam, often daily, for months together, sometimes guttatum, and then suddenly bursting away, half a pint at a time. The first occurrence of this symptom was observed immediately after a severe labor with a first and only child, born in Paris, nine years previously. It was evident, on enclosing the cervix completely within the speculum, that this discharge did not come from the uterus. On examining the abdomen, two large tumors were discovered, one occupying the entire umbilical region, the other the right inguinal; both of these were subject to occasional enlargement and sudden subsidence, upon the appearance of a gush of matter per vaginam; there was considerable ascites. The uterus could not be felt in the pubic region, neither did it seem enlarged when examined by the finger. The occasional subsidence of the tumors led me to infer them to be the source of the matter, as I had found a very large one in a post-mortem previously made, connected with the rectum, suppurating, and daily discharging large quantities of matter. At the time of my visit the pulse was 120. Porter, with beef-tea and occasional opiates, were the constitutional treatment, and nitrate of silver was applied daily to the os tincæ, from ten to twenty grains to the ounce of water. This treatment was continued for two months; and though the matter decreased, and the cervix became much smaller, I urged the patient to name a consulting physician, in consequence of the increase of the ascites, anticipating the necessity of paracentesis.

* This apparatus was constructed for, and is now doing good service at, the Boston Orthopedic Infirmary, where they are multiplied and improved, as it is considered necessary from time to time.

Dr. Berger being called, after a minute examination, both abdominal and per speculum, he agreed to the diagnosis, but would make no addition to the treatment. The subsidence of the ascites, under the use of a pill composed of digitalis, squills, and blue pill, and the increase of the menses, induced a hope that nature would still triumph over these complicated difficulties. Indeed, so great was the amendment, under the use of nutritious diet and Lugol's solution of iodine, that I discontinued my visits at the end of the third month, the matter still continuing slightly, and the menses regular. The patient had resumed her customary household duties.

During the ensuing two months, the discharge of matter per vaginam, and the enlargement of the abdominal tumors, alternated as usual, but the fifth month from the original date of my attendance the menses did not appear. This, with morning sickness, induced the suspicion of pregnancy by the patient; yet the period was too early for any determinate opinion. I doubted this state extremely, from the evident re-appearance of ascites, and the rise of the pulse to 120. Matters continued thus till the fourth month, when the patient quickened, the movement was evident, and the cervix shortened. I found also the uterine globe enlarged, and the prolapsus gone. Notwithstanding this, the pulse still continuing at 120, and great thoracic distress accompanying the ascites, with cough greatly increased on the recumbent position, induced me again to summon a consultation. Two eminent gentlemen were called at different times between the fifth and ninth month, both of whom declared the patient not pregnant. No alteration occurred till the full period, when the patient being safely delivered of a boy of nine pounds, all her symptoms disappeared, and she is now in good health, the discharge of matter and abdominal tumors continuing. She nursed her child for one year, plentifully, but has not since proved pregnant, though the menses are regular.

New York, January, 1842.

EDWARD H. DIXON.

LITHOTRITY.

[THE following remarks on the removal of stone in the bladder by the operation of lithotrity, are the concluding part of a review of several works upon this subject in the last No. of the British and Foreign Medical Review.]

The conclusions to be drawn from these cases and these views are obviously melancholy enough in so far as lithotrity is concerned. And yet, when we reflect dispassionately and as physiologists and practitioners upon the nature of the entire process in this operation, we see it impossible that the results could have been very different from what they are. Let us only consider the immediate consequences of the successful administration of lithotrity, the searching for and seizure of the stone, the necessary violence that accompanies the act of its comminution, and its condition with reference to the bladder after having been reduced to pieces, and we perceive that in the nature of things it can be no trifling operation, that on the contrary it must needs be one fraught with much

danger to the patient. We know that the mere act of searching the bladder with a polished sound is often accompanied by a great amount of pain, and followed by what appears a singular degree of sympathetic disturbance; we know that the attempt to seize and extract small stones in the bladder by the most delicate forceps has ended fatally; and how shall the necessarily large and complicated implements of lithotrity be introduced and brought into play within the bladder without producing a hundred times the amount of excitement and of mischief? This cannot be, and is not. And then, what shall we say in regard to the jarring and violence inseparable from the process of working a drill, or of turning a screw, or of giving the whole apparatus a smart blow with a hammer? What of a stone, which with a smooth surface was already such a source of suffering as to make the possessor weary of his life, and willing to take the chance of any odds against the solitary hope of obtaining relief, either roughened by repeated perforations, or reduced perchance into eight or ten angular and ragged fragments? All we can do is to admire the powers inherent in the delicate tissues that compose the excretory portion of the uropoietic system to withstand violence, and to repair themselves, bruised and maltreated as they necessarily must be, in such an operation as lithotrity performed by the most gentle hand.

The singular increase of irritation that takes place in consequence even of the *spontaneous* breaking up of calculi in the bladder, a phenomenon which sometimes occurs, and the danger to life that ensues thereon, is strikingly illustrated by the circumstances and the issue of a case which is related by Mr. Liston. A medical man, who had labored under symptoms of stone for a great many years, and who by sounding himself had ascertained the existence of a stone in his bladder ten years previously, was one day met by Mr. Liston in consultation. In three days after this Mr. Liston was summoned to this unfortunate gentleman in a moribund state, from inflammation of the whole urinary system, his urethra being at the same time blocked up by large fragments of stone. "It appeared," says Mr. Liston, "that on parting with me he had been summoned to an urgent case of labor. He ran quickly down a steep street, and at the bottom of it was seized with an urgent desire to make water, which he did in small quantity mixed with much blood. He passed some pieces of stone with sharp angles. He went on from bad to worse; he had retention, and the urethra was found much obstructed; suppression followed, and death terminated his sufferings in a few days. Many portions of the calculus were voided; much stone with the nucleus occupied the bladder and urinary passage. The kidneys were dark colored, and one approached to a gangrenous state."

Now it is the business of lithotrity by a certain amount of mechanical violence, less or more, to accomplish such a disruption of a calculus as took place here spontaneously; and our amazement finally comes to be, how the operation should ever succeed, not that it should so often be found either impracticable, or, if persevered in, fatal. And this leads us immediately to consider the circumstances in which the operation is admissible, and those in which it is inadmissible. This point is soon discussed; the conclusion lies on the surface, and wants no farther fact or

argument, after what has been said, to make it clear. Lithotripsy is admissible and only admissible in cases in which the bladder is perfectly healthy, and in which the stone is small, of the size of a filbert, a shelled almond, or it may be a nutmeg at the most; under all other circumstances it ought to be held impracticable. In other words, lithotripsy is admissible where it is estimated that the stone can at one sitting be seized and reduced to fragments of sufficient minuteness to be passed by the urethra. No second, certainly no third operation ought ever to be contemplated. *If the patient who has had lithotripsy performed upon him is not relieved at once, he is in imminent danger of losing his life.*

Lithotripsy may now fairly be said to have been tried and found wanting as a general means of relief for stone. Restricted to the circumstances indicated above, it is a great addition to our surgical therapeutics; applied indiscriminately, and as a substitute for lithotomy and all other means of treating stone in the bladder, it is a most fatal present made to humanity.

ACIDS IN DYSENTERY.

Dr. J. Young, of Chester, Delaware county, has communicated to us, says the Editor of the American Journal of Medical Sciences, some observations on the treatment of dysentery by acids. "The following cases," he remarks, "will serve to illustrate the course of practice I have pursued for more than a dozen years, and with uniform success."

"In the autumn of 1828, I was requested to see Mrs. S. Found her in bed, with much fever, headache, full, bounding pulse, severe tormina, tenesmus, needings very frequent, and evacuations scanty, and consisting of nothing but bloody mucus; considerable tenderness of abdomen, urgent thirst, entire loss of appetite, tongue slightly coated, and presenting altogether a very severe case of dysentery. It was the fourth day of the disease, and she had taken nothing at all of medicine kind. I urged bleeding, but her objection to it was insuperable; prescribed medicine to be given, and left her. Next morning on visiting her, found she had not taken her medicine, nor could all my entreaties prevail on her to take it then, but she promised to take it "after a while:" next visit found the same state of things with respect to taking anything; and in short she absolutely refused to take medicine of any description, or to drink anything but cold water until the twelfth day of her disease, when she had become too weak to get up without assistance; all her diseased symptoms had progressed during this time, and it was evident she could not live much longer without relief—still she resisted every kind of medicine. Having known buttermilk used with apparent advantage in some cases previously, I stated to the family what must evidently be the result, unless relief was procured ere long, by some means, and suggested the trial of it. She was delighted with it, and was ordered to gratify her inclination for drink, by copious draughts. Next morning on visiting her, to my surprise I found a great change for the better. The needings were much less frequent; had rested tolerably well during the night; the tormina, tenesmus, tenderness of ab-

domen, and bloody mucous evacuations, were all greatly diminished. On inquiry, I learned that she had drank *a gallon or more* of the article since yesterday. She was ordered to continue drinking freely, and on my visit next morning, I found her so entirely relieved as to discontinue my visits, leaving a request to be sent for if necessary. In a few days she was well enough to leave her bed, and her chamber, and is yet a hearty woman.

"This case made a strong impression on my mind, and in numerous instances since, it is the only article I have ordered; particularly in children, who generally are fond of it, and have an aversion to medicine.

"In August, 1834, I was requested to take charge of two little boys in the same family, one aged nine, the other between seven and eight, who were sick with dysentery, and had been under the care of a neighboring physician for seven days, but whom circumstances prevented attending longer. They were both severe cases. On taking charge of them I recommended only, fomentations to the abdomen, morphine one tenth of a grain *pro re nata*, to relieve the violence of the pain and straining, and to drink freely of buttermilk, 'the more freely the better.'

"Next morning one of them not relishing it for drink, had used but a small quantity; he was ordered the same as yesterday, but to drink a solution of cremor tartar, sweetened if wished. The other was fond of his drink, had drank freely; had taken two portions of morphine, was somewhat better; still his needings were frequent, but *sometimes* the evacuations were less painful, and less bloody and slimy—ordered to continue as directed before. These were the only articles prescribed for this little fellow, and on my fourth visit, all appearance of dysentery was gone. In a few days he was up and well. His brother did not recover so soon. He drank of the cremor tartar solution, but not freely enough to produce any action on the bowels; accordingly on my third visit, in addition to the former prescription, oleaginous mixture was ordered, in doses of a table-spoonful every three or four hours, according to its effects. After this, his dysenteric symptoms gradually yielded; so that on the day of my seventh visit he was dismissed cured.

"This, then, is the general course pursued; sometimes in addition to these means, I order calomel, ipecac. and opium, every two or three hours; sometimes, too, an emetic, or a mercurial cathartic, or both are premised, and sometimes lemonade, or vinegar and water, or some milk, are ordered for drink, where they are preferred. But these constitute the whole of the articles I use in the treatment of this disease; and the facility with which it yields to such simple means has often been a matter of surprise to myself. The objects kept constantly in view, are to remove constipation by the mildest possible means, to allay irritation and pains by morphine, or opium (the former being always preferred, when at hand, because it is less constipating), and fomentations; and to remove the *alkaline* state of the contents of the bowels, by acids in the form of drink.

"Perhaps in some other localities, these means may not be attended with the same beneficial results that I have in *every case* found them produce; but such has been my success, practising on these views, and using these means, that I am emboldened to recommend them to others, believing that if acted upon in good faith, they will save him who tries them many

anxious hours, by enabling him to cure his patients, before the disease progresses to inflammation, and gangrenous erosions of the intestines; a state of things that will doubtless arrive in time; but which is believed to be mostly the result, not so much of the necessities of the case itself, as of the erroneous pathology, and consequent treatment, generally taught and pursued in the management in its earlier stages."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 26, 1842.

MISSIONARY PHYSICIANS.

PRESUMING that it may be welcome intelligence to many of the profession through the United States, to know the locations of some of those who were their associates in the days of their pupilage, we have collected the names and places of residence of the medical missionaries now in the service of the American Board of Commissioners for Foreign Missions. Letters to any of the individuals in the following catalogue, sent to the Mission House, Pemberton square, Boston, will be forwarded to them by the earliest conveyance. Dr. Newton Adams resides at Umlazi, near Port Natal, Africa; Alexander E. Wilson, M.D., Fishtown, ten miles west of Fair Hope, Africa; C. V. A. Van Dyck, M.D., at Deir el Kamer, among the Druses, Syria; Austin H. Wright, M.D., at Ooroomiah, in Persia; Asahel Grant, M.D., resides among the Independent Nestorians, Persia; John Scudder, M.D., at Chintadrepetlah, Southern India; John Steele, M.D., Madura, Southern India; Nathan Ward, M.D., Batticotta, Ceylon Mission; Dan B. Bradley, M.D., Bangkok, Kingdom of Siam; Peter Parker, M.D., stationed at Macao, China, but now in America; Dyer Ball, M.D., Singapore, Indian Archipelago; Seth L. Andrews, M.D., at Kailua, Hawaii Island (Sand. Islands); Dwight Baldwin, M.D., Lahaina, Maui Island; Gerrit P. Judd, M.D., Honolulu, Island of Oahu; Dr. Roderick L. Dodge, resides at Dwight, among the Cherokee Indians; Dr. Elizur Butler, at Fairfield, among the same tribe; Dr. Marcus Whitman, resides at Waiilatpu, among the Oregon Indians; and Dr. Thomas Williamson, resides at Lac qui Parle, with the Sioux Indians. These men lead lives of ceaseless care, where the progress of civilization has scarcely been felt, and where their deprivations and wants can hardly be estimated by those who are pursuing their professional business in a well-regulated, Christian community, in which there is both personal safety and social happiness.

Insane Hospital in the State of Maine.—Last season the superintendent of this Institution was a Dr. C. Knapp, who has unaccountably disappeared, without any public explanation of the why or wherefore. When a traveller told an inquisitive by-stander that he would inform him how he lost his leg, provided that no more troublesome questions should be asked, the latter instantly agreed to the proposition. "Well, sir," said the traveller, "it was bitten off." "Notwithstanding my promise," exclaimed the marvel-struck interrogator, "I should like to know what ani-

mal could have bitten off a man's leg." Although fully aware of the fact that the late Superintendent has been superseded, it would be quite gratifying to know how, and for what cause, this has been brought about? The successor of Dr. Knapp is Dr. Isaac Ray, a gentleman whose name and whose writings have been favorably known to the medical as well as legal profession of this country. Those who have the pleasure of a personal acquaintance with him, speak in unqualified terms of commendation. Of his scientific and intellectual attainments, there cannot be a shadow of doubt. If he possesses those many necessary moral qualities of the heart which fit a man to assume the high responsibilities of a manager of the insane, in combination with all other desirable educational preparations, the people of Maine are fortunate in the choice.

The expenses of the Hospital last year, for provisions, fuel, lights, improvements, medical supplies, &c., amounted to \$9,928 69. Economy appears to be practised in all departments, and yet everything necessary or even remotely conducive to the comfort of the patients is generously provided. According to Dr. Ray's report, the whole number of patients in the course of 1841, was 133. The greatest number at any one time was 70; and the smallest at any period, 28. There were 2 deaths by consumption; 2 by apoplexy; 1 by diarrhœa; and 1 from exhaustion, produced by profuse bleeding before admission. In all that part of the report which the Superintendent devotes to the consideration of insanity in general, we discover the evidence of a disciplined mind and a just estimate of the misfortune of being deprived of reason. He philosophizes within the scope of ordinary comprehension, which is more than can be said of very many who make pretensions to learning. Just as are his observations on the moral means of treating lunatics, there is perhaps a little too much of it; it bears some resemblance to a methodical dissertation, which would be well enough if no one else had ever promulgated the same sentiments in relation to the same great object. In future, when Dr. Ray has become accustomed to the place, and the place to him, we venture to predict, from what is discoverable in this report of the character of his mind, that he will become a prominent writer on insanity. We hope the Legislature of Maine will generously assist him in all his efforts to sustain and elevate the Institution over which he has been elected to preside.

Malpractice in Surgery.—It is extensively known that a prosecution was commenced about nine years ago against Dr. M. F. Colby, of Stanstead, L. C., a skilful surgeon, by William Nelson, of Derby, Vt., for malpractice in the treatment of his wife, who sought advice of Dr. C. respecting an injured hip, which was either severely contused, or the neck of the bone broken off within the capsule. So much has been said and written on the subject, and the case has been so frequently before the Court of Common Pleas, at Irasburg, and such wide-spread notoriety given to the parties, that it would be exceedingly gratifying and useful, if a condensed history could be prepared for this Journal. Perhaps Dr. Dexter, of Lancaster, may find leisure. As we have the pleasure of a personal acquaintance with that gentleman, we should have great confidence in his relation. From Dr. Colby a report would be better still, since he is a man of honor and acknowledged professional attainments.

India Medical News.—A medical college, some time since proposed to be erected at Bombay, in honor of the late Sir Robert Grant, has been

sanctioned by the Court of Directors, and they have granted a sum to aid in the erection, which is calculated to cost one lac of rupees.—The celebrated Dr. C'Shaughnessy, identified with everything scientific in India, is about publishing a volume of notes to lectures on natural philosophy.—Lord Auckland, the Gov. General, delivered, in person, the prizes awarded to the students of the Medical College.—Dr. Cauter, author of various scientific papers on natural history, who was designed to be naturalist to the China expedition, but who was unfortunately cheated out of an honor which was intended by those who had the power of conferring the appointment, is only 28 years of age. He went to Chusan, however, in the humble capacity of assistant surgeon of a regiment of foot. For the Court of Directors he made a splendid collection of drawings. He has a *large head*, and the public sentiment seems to be that he is destined to become very distinguished.—F. H. Brett, Esq., has been giving lectures at the Mechanic's Institution on the mechanism of the eye and the phenomena of vision. Some of the drawings used by him for illustrating the subject, are very fine.—At Cuttuck the cholera was raging most fearfully. An officer says that in the town where he resides, the deaths were more than one hundred a day. The dawk road, between Burdwan and Bancoorah, was covered with dead bodies, chiefly Gya pilgrims. In April last the same disease raged violently at Calcutta, which is now healthful. At Hararubaug, for some time, the average number of men in the Hospital had been one hundred, yet the mortality has not been great, owing to the devoted attention of the medical attendants. It has evidently been sickly in nearly all the Company's possessions, during the last year.—The celebrated surgeon, F. H. Brett, Esq., of Calcutta, a notice of whose recently-published work on India Surgery was given in this Journal within a few months, between the years 1827 and 1840 cut for the stone on 108 persons; of this number 70 were under puberty and 38 were adults—101 were cured, and only 7 died! This equals the success of Dr. Dudley, of Lexington, Ky., reputed the most fortunate lithotomist in America. Mr. Brett's father had twenty-two children, ten of whom arrived at mature age. The great India surgeon was born in London, where he studied his profession, and went to India in 1825. He is now but 38 years of age, with a family of nine children. Much is said about the re-establishment of a central hospital, with a view to having the Governor-general appoint this able man to a post where the pupils of the Medical College can avail themselves of his lectures. Mr. Brett and Dr. Parker, late missionary surgeon at Canton, from all we can gather, are the boldest and most decidedly successful operators in that part of the world.

Mortality of Stamford, Conn.—Dr. Ayres furnishes the following statistics of mortality for that town, in 1841. The population is assumed to be 3000.

Between the ages 80 and 90, 4; 70 and 80, 5; 60 and 70, 5; 50 and 60, 3; 40 and 50, 2; 30 and 40, 3; 20 and 30, 7; 10 and 20, 5; 10, 9. Total, 41.—Diseases—consumption, 7; lung fever, 3; hives, 2; fits, 5; apoplexy, 2; bilious remittent fever, 3; brain fever, 2; cholera infantum, 3; jaundice, 1; dropsy, 4; spine complaint, 1; inflammation of the liver, 1; puerperal fever, 1; poison, 1; found dead, 1; old age, 5; unknown, 3.

Mortality in Boscawen, N. H., 1841.—Number of deaths, 29—males, 11; females, 18. Died in January, 3; February, 1; March, 5; April, 2; May, 1; June, 2; July, 1; August, 4; September, 2; October, 2; November, 4; December, 2. Amount of years of the deceased, 969. Average age about 33½ years. Proportion to the whole population, 1 to 68 nearly. Diseases.—Fever, 12; consumption, 4; fits, 3; paralysis, 2; old age, 1; general debility, 1; drowned, 1; croup, 1; singular affection of the heart, 1; inflammation of the bowels, 1; dropsy, 1; influenza, 1.

Riotous Medical Students.—From the correspondent of a New York paper, it appears that a Thomsonian physician, belonging to Boston, was greatly annoyed and interrupted in an attempt to deliver a public lecture on the kind of doctrine he advocates, at Charleston, S. C., a short time since. The medical students attending lectures at the school of medicine in that city, are represented to have conducted in such a manner that the civil authority was obliged to interfere in order to maintain the peace. That one act of indiscretion will do more towards extending the name and influence of steam, lobelia and cayenne pepper in South Carolina, than a regiment of convert-making Thomsonian lecturers could have accomplished in ten years. Persecution invariably begets a sympathy for the oppressed.

Operation for Stammering.—This new operation of the celebrated Dieffenbach, so popular here a few months since, says our correspondent at Paris, has now fallen entirely into disrepute. Failures were so numerous that the operation is universally considered to be unjustifiable. We have seen it performed by the most skilful surgeons of this metropolis without any success.

Epidemic Scarlet Fever.—From the papers we learn that scarlatina is not only extensively prevalent in many parts of Rhode Island, but is also marked by a fatality that very much alarms the people in those places where it has become epidemic. In some towns in New Hampshire this disease has made a melancholy inroad upon families—carrying off small children in great numbers, and even occasionally attacking adults.

New Medical Appointments in the U. S. Navy.—Assistant Surgeon A. J. Wedderburn has been passed for promotion. Drs. Morris B. Beck, of Virginia; J. Francis Tuckerman, of Massachusetts; Lewis J. Williams, of North Carolina; and Marius Duvall, of Maryland, having passed a successful examination before the Board of Naval Surgeons, at a recent meeting in Philadelphia, will be, if they have not been already, commissioned Assistant Surgeons in the naval service.

Chelsea Hospital.—Number of sick or disabled seamen who were received the last quarter, ending December 31, 145. Number in the Hospital, October 31, 53. Number discharged as cured or relieved, 141. Died during the quarter, 7. Patients remaining, December 31, 1841, 40.

Application of the Subcutaneous Method to the Operation for Strangulated Hernia. By M. JULES GUERIN.—In this case the hernia was a congenital epiplocele which had been strangulated for three days. The usual means of reduction had been applied, and the tumor had become hard, engorged, and the seat of commencing inflammatory action. After division of the two rings and of the antero-superior wall of the inguinal canal, the reduction was immediately effected. The wound did not inflame, nor did the slightest febrile symptoms follow. The patient was able to rise on the eighth day, taking care to wear a bandage.—*British and Foreign Medical Review, from Gaz. Med. de Paris.*

Medical Miscellany.—No. IV. of the Guardian of Health is received. Where are Nos. II. and III. ? *Apothecaries and the Public*, is a good paper, commending itself to all thinking people. The same paper warns its readers against mineral amalgams for filling decayed teeth. Beware of cheap dentistry, is the word.—Surgeon D. Egbert, of the Navy, is ordered to rendezvous at Kensington.—The venerable Dr. Seeger, of Northampton, a German by birth and education, a cotemporary, it is believed, with the celebrated Hahnemann, is writing vigorously against homœopathy.—Samuel Trull, M.D., and W. N. Boylston, M.D., have received the appointment of physicians to the Boston Dispensary.—Dr. Cabot, a young physician of Boston, is with Messrs. Stevens and Catherwood, at the ruins of Uxmal.—Dr. Dix, of this city, will be at Dr. Jones's Hospital, Springfield, Mass., February 2d, to perform the operation of strabismus.—In Newport, R. I., of a population of 8333, are 34 persons over 70 years of age. The eldest is 96; the average age is over 80, and the united ages amount to 2724 years.—Peter Wendell, M.D., of Albany, has been chosen Chancellor of the New York University, by the Regents.—M. A. Boucherie, M.D., is the name of the author of a memoir on the preservation of timber, now attracting the attention of nearly all the governments of Europe, at all interested in naval architecture.—Thomas P. Jones, M.D., editor of the Journal of the Franklin Institute, Philadelphia, sustains that useful Journal with success and ability.—At the Island of Jamaica the scarlet fever was still prevailing at the latest dates—unknown there before for upwards of ninety years. The fatal disease was introduced there the present season by some European emigrants.—Dr. Brown has lectured acceptably in New York on the pathology of intemperance—and is to be followed by Dr. Horace Green, late of the Vermont Medical Academy, on the same topic. Dr. Marsh, of Burlington, Vt., has recently distinguished himself in the same department of humanity.

TO CORRESPONDENTS.—Dr. North's papers are received, but as they must necessarily occupy more than one No., they will be reserved till the commencement of the new volume.

MARRIED.—At Baltimore, Ohio, Dr. Asa Hor, to Miss E. Sherman.

DIED.—At New York, Jonathan H. Mansell, M.D., 36.—Near Davidson, N. C., Dr. White—drowned in attempting to ford a stream.

Number of deaths in Boston for the week ending Jan. 23, 40.—Males, 16; Females, 24. Stillborn, 1. Of consumption, 5—child-bed, 3—scarlet fever, 6—croup, 3—inflammation of the brain, 1—hooping cough, 1—disease of the heart, 1—infantile, 2—diarrhœa, 1—pleurisy, 1—lung fever, 4—measles, 1—fits, 1—apoplexy, 1—inflammation of the lungs, 2—dropsy in the head, 1—old age, 1—dropsy on the brain, 2—erysipelas, 1—bronchitis, 1.

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.
 Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.
 Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.
 Theory and Practice of Medicine, by DAVID M. REESE, M.D.
 Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.
 Chemistry and Pharmacy, by WILLIAM MATHER, M.D.
 Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.
 Medical Jurisprudence, by WILLIAM F. RUSSELL, M.D.
 Demonstrator of Anatomy, ROBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 3, 1842.

J. 12.—3m

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5—tm

JOHN JEFFRIES, Secretary of Censors.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by	- - - - -	JOSEPH ROBY, M.D.
Theory and Practice of Physic, by	- - - - -	WILLIAM SWEETSER, M.D.
Obstetrics, by	- - - - -	EDMUND WELLS, M.D.
Chemistry and Materia Medica, by	- - - - -	PARKER CLEVELAND, M.D.

The Library contains about 3000 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, October, 1841.

D. 8—cop6t

PARKER CLEVELAND, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—copyt

JACOB BIGELOW,
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D. 23—3m

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporter," and they can be furnished with this instrument (which has been found so useful in cases of prolapsed uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. A. Channing, Geo. Hayward, J. Ware, E. Raynor, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. A. Channing, J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for application, &c. the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to A. F. BARTLETT,

No. 3 Winter, corner of Washington St., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of this Society at their room, Masonic Temple on Wednesday, the second day of February, at 11 o'clock, A. M.

J. 19—tm

GEORGE W. OTIS, JR.
 Recording Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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WEDNESDAY, FEBRUARY 2, 1842.

No. 26.

ON ASPHYXIA, AND ON THE RESUSCITATION OF STILLBORN CHILDREN.

[Read at the Westminster Medical Society, October 16, 1841, by JOHN SNOW, M.R.C.S.]

RESPIRATION, in a limited sense, signifies the mutual change which takes place between the oxygen of the air and the blood; and this is not strictly a vital process, but only an operation of organic chemistry, since it continues after death as well as before, when the mechanical advantages for access of air remain the same. The celebrated Spallanzani, in his work on Respiration, has shown that snails and other animals, which respire chiefly by the surface of the body, continue after death to absorb to some extent the oxygen of the air, and replace it by carbonic acid until the time when putrefaction commences. When insects are poisoned by prussic acid, they come to life again after a little time, because respiration has been going on by the tracheal tubes without any effort of the animal. We know likewise that venous blood can be changed to that of arterial tint by agitation with air out of the body, producing in the air the same change as respiration.

Respiration seems essential to the life of the whole animal kingdom, and when it is arrested from any cause the state called asphyxia is induced. Asphyxia in the human being, and the higher class of animals, after the fœtal circulation is laid aside, presents the following phenomena:—The blood at once ceases to be changed in color whilst passing through the lungs, and venous blood circulates in the arteries; but in a very little time the blood is refused admission through the capillaries of the lungs, and the circulation is arrested. The blood accumulates in the pulmonary arteries and the right side of the heart, whilst the pulmonary veins and the left side of the heart become empty. The heart continues to act for some time, and would propel the blood through the system if it would pass the lungs. Consciousness and voluntary motion soon cease, generally in from one to three minutes after the stoppage of respiration: convulsive motions and attempts at inspiration supervene, and continue for a short time, but all signs of life soon disappear.

It is a question whether insensibility is occasioned by the circulation of venous blood, or by the stoppage of the circulation. Bichat concluded that venous blood acted as a poison on the nervous centres and animal textures generally, and thus destroyed life, in which view he, no doubt, went rather too far, since no ill effects remain from the circulation of dark blood, if respiration be renewed in time. Dr. Kay and others conclude,

from some experiments, that venous blood, although not so good a stimulus to the brain as arterial, yet tends to maintain life; but the ordinary venous blood which they injected was not so utterly deprived of its arterial properties as the blood of an asphyxied person, which has circulated twice or thrice round the body. They might indeed have spared themselves the trouble of their experiments, if they had but considered that newborn animals in which the foramen ovale and ductus arteriosus are open, that all these, except a few species which are born in a very immature state, with the eyes closed, die when drowned, nearly as quickly as adults, although venous blood continues to be sent to the brain and all parts of the system: the action of the heart being the last sign of life to disappear. Moreover, Dr. John Reid, of Edinburgh, has lately shown, by direct experiment, that voluntary motion ceases in asphyxia before the force of the circulation is diminished. It is clear, then, that blood which has totally lost its arterial properties, is unable to maintain sensibility or even vitality. The arrest of circulation at the lungs, however, may probably shorten life by some seconds, or even by a minute or two.

It has been a subject of conjecture with physiologists whether the carbonic acid gas produced by respiration is formed in the lungs by direct union of the oxygen of the air with the carbon of the blood, or whether the oxygen is absorbed and dissolved in the arterial blood, and unites with carbon in the capillary circulation of the system, where the blood becomes venous, forming carbonic acid, which is given off in the state of gas into the air-cells of the lungs. The latter theory has been shown to be the correct one by the experiments of Spallanzani, repeated by Dr. Edwards, on respiration in hydrogen gas, and by the experiments of Professor Magnus on the blood. The formation of carbonic acid by respiration is no doubt the chief if not the sole cause of animal heat. The quantity of heat developed just about equals the caloric that would be given out by the union of oxygen and carbon under any other circumstances to form the amount of carbonic acid produced by respiration, and the development of carbonic throughout the animal kingdom bears always a direct proportion to the quantity of carbonic acid evolved. On these considerations respiration has been compared to combustion, and the lungs to a furnace; but as we have seen that the carbonic acid is really produced in the capillary circulation of the system, and only evolved by the lungs, the whole body ought to be compared to the furnace, and the lungs to the draught and chimney department—a view which better explains the uniform diffusion of warmth throughout the body. It may be asked whether asphyxia is occasioned by want of oxygen in the blood, or by the poisonous effects of the carbonic acid detained in it? The former is the correct view, since asphyxia takes place in nitrogen or hydrogen gas the same as if respiration were stopped, notwithstanding the mechanical process is continued, and the carbonic acid continues to be given off from the lungs.

Several theories have been advanced to account for the arrest of the circulation through the lungs, but that of Dr. Alison is by far the most satisfactory; viz., that the motion of the blood in the capillaries is assisted by the vital attractions connected with the chemical changes which

are constantly going on to effect nutrition and secretion ; and that consequently, when the supply of oxygen is cut off, and the chemical change of the blood is prevented, the heart of itself is unable to propel the blood through the capillaries of the lungs. This opinion has lately been strengthened by the discovery of Dr. J. Reid, that there is in asphyxia an impediment likewise to the passage of the blood through the capillaries of the greater circulation, when the opposite change would be taking place in the blood if it were not already in a carbonized or venous state.

A consideration of great practical importance in the study of asphyxia is, the influence of the temperature of the medium in which it takes place. Dr. Edwards, of Paris, by a most extensive and beautiful set of experiments, has proved that throughout the animal kingdom asphyxia is much more sudden at a high than at a low or moderate temperature ; and that even cold-blooded animals, which will linger for hours deprived of oxygen at a low temperature, will die as quickly as mammalia or birds in water at blood heat : even fishes will die in a few seconds, or at most two minutes, in water at 100 degrees Fahrenheit, that has been deprived of its air by boiling, although this temperature would not injure them with sufficient air. He found that newborn mammiferous animals die most slowly in water at about 60 degrees, which is ordinary cold water, and that they die much more quickly as the water approaches blood heat. Dr. Edwards advises that persons in the state of suspended animation should, amongst other measures, be exposed to the cool air ; and that the application of heat should be avoided, unless indeed just a momentary application, to endeavor to arouse sensibility. The Royal Humane Society, however, directs the application of warmth in all practicable ways, not only as an auxiliary to artificial respiration, but even to commence with, if the means for the latter are not in readiness ; and most authors, I believe, coincide with the views of the Humane Society. Dr. Edwards considers it is by its effects on the nervous system, and through that on the heart, that a high temperature produces its effects. I think that, although the nervous system may be affected, and is probably the channel of its impression, yet that the deleterious effects of an elevated temperature, when respiration is stopped, depend on its stimulating the capillary circulation of the system, and thus promoting the deoxygenation of the blood, that change which is antagonistic of respiration, which rules its extent under all circumstances, and which, in fact, constitutes the necessity for having a respiration. But, whatever view we take of this point, the fact of the influence of temperature on asphyxia proves that the application of heat ought to be avoided until respiration is thoroughly established, when it will, no doubt, be a useful auxiliary to restore sensibility and renovate the patient.

The number of children that die of asphyxia at the time of birth is very considerable. Writers on midwifery have stated that one-twentieth of the children brought forth are stillborn, and of these a large proportion are asphyxiated, from various causes, often at the very moment of birth. The first measures that are generally and very properly adopted, when a child is born in a state of suspended animation, are to admit the cool air to its skin, to dash a few drops of cold water on it, and use simi-

lar means to arouse sensibility, more especially that of the nerves of respiration. From the great vascularity and sensibility of the skin, and the thinness of the cuticle of newborn children, great benefit may be expected from the access of air to the surface of the body. Immersion in warm water is sometimes had recourse to, and I have seen it completely successful in two or three instances, after the means just enumerated had failed; but this is a dangerous measure, one which, if it do not succeed, will quickly extinguish any possibility of recovery which may exist, as we have already seen. The great object in this, as in every case of asphyxia, is to establish respiration; and if the patient cannot be roused to perform natural breathing, artificial respiration must be had recourse to as quickly as possible.

Several eminent authors on midwifery recommend breathing into the lungs of the child, if other means are not at hand; but not much good can be expected from a measure which would undoubtedly suffocate a living child, and where there is any disposition to natural breathing this will be decidedly injurious. Allen and Pepys found that air which had been once breathed contained about 8 per cent. of carbonic acid, and that if the same air were breathed over and over again, till suffocation was felt, it would contain but 10 per cent. of the same gas.

The apparatus in ordinary use for artificial respiration is the bellows; but this, although much better than blowing with the breath, is liable to many objections: first, there is danger of injuring the texture of the lungs by over distention; then there is a difficulty of expelling the air from the lungs after it has been injected; and the delay occasioned by thus expelling the air, by pressing on the chest and abdomen, renders it impossible by means of bellows to imitate natural respiration, in which there is a constant current of air to and fro in the lungs.

Mr. Read was introduced to this Society three years ago, by Dr. James Johnson, when he laid before us an invention for performing artificial respiration much superior to the bellows. It consisted of a syringe for exhausting the lungs by the mouth, the nostrils in the meantime being held, when, on removing the pressure from the nostrils, the chest expanded again by the natural elasticity and resiliency of the ribs, muscles of respiration, and pulmonary tissue, causing a tendency towards a vacuum; and the air instantly entered by the nostrils, from atmospheric pressure, as in a natural inspiration; when it was again withdrawn by the syringe, and became renewed in the same manner. I at that time considered whether the same plan could not be adopted for the restoration of stillborn children; but there were insurmountable difficulties. The lungs were in this case empty, to begin with; and even if one should commence by an artificial inflation, the chest could not be expected to take on all at once that resiliency which it acquires in after life, no doubt from the fact of the lungs never being again emptied after respiration first commences. So the matter rested until a short time ago, when Mr. Read, knowing I took an interest in the subject, called to show me an improvement in his apparatus, which indeed he had brought to such perfection, that the use of it on himself would supersede his natural respiration for an hour together without inconvenience. I then suggested that he should

make a little instrument on exactly the same plan, adapted to the size of newborn children. It consists of two syringes, one of which, by a tube adapted to the mouth, and closing it, withdraws air from the lungs, and the other syringe returns the same quantity of fresh air through a tube fitted to the nostrils. The two pistons are held in the same hand, and lifted up and pressed down together, the cylinders being fixed side by side, and each having two valves. When the pistons are raised, one cylinder becomes filled with air from the lungs, and the other with fresh air from the atmosphere, which can be warmed on its way by passing through a tube and metal coil placed in hot water. When the pistons are depressed, the latter cylinder is emptied into the lungs, and the air in the former is ejected into the atmosphere. In this way a constant current of air to and from the lungs is maintained, as in natural respiration. The introduction of warm air is no doubt a great advantage. The objections to the application of heat during asphyxia cease, so soon as there is a proper supply of air to the lungs; and in introducing heat in this way, it must be remarked that we are only warming that blood to which we are at the same time imparting its arterial properties. This artificial respiration should be persevered in for some time, say an hour at least, before we give up in despair; and if our efforts be successful, we should still persevere until the child is completely revived, and capable of carrying on a full and effective respiration of its own: for the secondary asphyxia which so often comes on, arises, in my opinion, from an efficient respiration not having been established, whence the blood remains in a badly oxygenated state, and does not rouse the nervous system to its full sensibility, but allows it to remain in a condition, so to speak, of not truly appreciating its own want of respiration. I know an instance where the breathing of a child was accidentally interfered with just after birth; and although not to the extent of producing asphyxia, respiration was never properly performed, and the child died after a few hours.

Comparing the weight and size of the lungs of a newborn child to those qualities of adult lungs, the former may be expected to contain nine or ten cubic inches of air. Each cylinder of the instrument before the Society contains an ounce and a half by measure, or somewhat less than three cubic inches; it can consequently be used without the lungs ever being either empty or distended. In the case of a stillborn child, I should recommend that the exhausting syringe be used first to remove any mucus there may be about the fauces; then, since the lungs are empty, a little air may be injected with the other syringe, before beginning with the pistons raised to work the two syringes together.

An accoucheur can scarcely be expected to have an instrument with him at every labor: but it fortunately happens that the danger of asphyxia to the child is frequently foreseen, sometimes before the conclusion of labor; since it may be apprehended in all preternatural presentations, in cases of hemorrhage, in difficult parturition, and from various other causes. The instrument may be useful likewise to perform artificial respiration in poisoning with opium, ardent spirit, or prussic acid, in sudden death from fits in children, and in other cases which will suggest

themselves. The syringes can be separated and used as stomach or enema pumps, with the appropriate pipes that are supplied.

Oxygen gas is sometimes mixed with the air to be thrown into the lungs of asphyxiated persons. I imagine that with a good artificial respiration, such as this instrument will supply, atmospheric air will be sufficient without additional oxygen : if, however, it be deemed advisable, oxygen gas can be generated in great purity, in a few minutes, from chlorate of potash, by means of a spirit-lamp and a small retort, and can be mixed in any quantity with atmospheric air in one of the bags belonging to the instrument. No harm can arise from thus using oxygen, unless it should be continued for some time after recovery.

With respect to electricity, the form of galvanism is the most convenient one in which to apply it ; and there can be no harm in administering slight shocks after these other means have failed. But the chief intention of electricity is to excite the respiratory movements ; and this is fulfilled by an efficient artificial respiration. I believe that oxygenating the blood in the lungs is the most effectual means to restore the action of the heart ; and that it will restore it if that organ retain any irritability, and the blood be not coagulated. The elasticity of the pulmonary arteries will probably enable them to expel a little of the blood with which they are distended through the capillaries, so soon as the re-establishment of the chemical changes will allow it to pass ; and this reaching the left side of the heart, may restore the functions of that organ. As an instance how long the heart may retain its muscular irritability, and the effect of respiration on it, I may mention an observation I made on a Guinea pig which I drowned. It died in two minutes ; and when it had been dead an hour, I opened the chest, and found the right side of the heart distended with blood, the left side not containing much, and the heart was perfectly still. In a little time the surface of the lungs became changed in color, from the air imbibed through the pleura pulmonalis ; and I was surprised to observe a slight vermicular motion in the right auricle. I divided the trachea, and performed artificial respiration, and shortly observed that the ventricles began to move, and that some bright red blood was visible through the coats of the left auricle. Rhythmical contractions of the heart continued for three quarters of an hour, at the rate of twelve in the minute. The contractions, however, were not complete, and the blood was not expelled from the heart. I found, on opening that viscus, that there was coagulated blood in all its cavities.

Physiologists have amused themselves in speculating on the cause of the first respiration ; but doubtless it is the same as of the second and third, and all the succeeding respirations ; namely, a sensation or impression arising from a want of oxygen in the system, and conveyed to the medulla oblongata, either by the blood circulating in it, by the nerves in connection with it, or by both causes. The placenta undoubtedly performs for the fœtus the office not only of the lungs, but of all the great excretory organs ; and so long as the placenta performs its functions, the fœtus is perfectly at ease and feels no need of respiration ; but whenever this communication between the child and its mother is interrupted, at least in the latter months of pregnancy, the child, as every accoucheur

has experienced, makes convulsive efforts at inspiration, similar to those made by a drowning animal; efforts which would be successful inspirations provided the child were in an element which would be admitted by the glottis. Moreover, I have remarked that even a strong child does not always begin to breathe the minute when it is born; but if the umbilical cord be pressed between the fingers it will instantly draw an inspiration.

It is an interesting question how long a complete interruption of the placental functions may have place in a child at full term, before all signs of life will disappear, and a state of suspended animation be produced. Moralists have often asserted that human beings come into the world in a more puny and helpless condition than any other animals; but in this they are mistaken; for, without including marsupial animals, the young of cats, and all those that are brought forth with their eyes closed, cannot maintain life without artificial heat, which they receive by lying close to the mother: in fact they can scarcely be said to have a proper temperature of their own. A child born at the full term, on the contrary, can maintain its temperature if well protected from cold. Now Dr. Edwards has proved that the necessity of respiration is intimately connected with the power of generating caloric: kittens and puppies will linger for half an hour or more in water at a favorable temperature; but those young that are able to maintain their own warmth do not possess much advantage over adults in their power of resisting asphyxia. But even newborn kittens, in water of the heat of human blood, do not live more than ten minutes; so that a fœtus in the uterus, at a temperature of one hundred degrees, or rather more, must be very soon reduced to a state of complete asphyxia; and the experience of medical men, I believe, pretty well coincides with this conclusion. With a seven-months fœtus it will be somewhat different, as it is more in the condition of those young that require artificial heat. The newborn child, however, from its open foramen ovale, and the great vascularity and sensibility of its skin, probably possesses some advantages over the adult in its capability of being restored from apparent death.—*Lon. Med. Gazette.*

ON THE EUPHORBIA MACULATA.

BY WILLIAM ZOLLIKOFFER, M.D., MIDDLEBURG, MD.

SOME years ago, I acquainted the profession, through the medium of the American Journal of the Medical Sciences, with the medicinal virtues of the *Euphorbia hypericifolia*. The fact of the curative powers of that indigenous production, depending on its astringency, consociated with a slight narcotic development, was at variance with the previously conceived opinion of botanists, and the writers on medical botany, that, *all* the species belonging to the genus *Euphorbia* possessed acrid and irritating properties. Willdenow says, "they all abound with an acrid milk." This notion was a mere opinion, which doubtless grew out of the circumstance of all the individuals included in this genus of plants possessing acrid properties, so far as their remedial powers had been ascertained. Subsequent experience

and observation have, however, proved it to be altogether unfounded, and the virtue of the maculata is an additional attestation still further corroborative of the incorrectness of this preconceived erroneous sentiment.

Generic Character.—*Euphorbia* involucri caliciform, eight to ten toothed, exterior alternate dentures, glanduloid, or petaloid.—*Stamina*, indefinite, twelve or more, rarely less; *filaments* articulated; *receptacle* squamose; *female flower*, solitary stipitate, naked; *capsule*, three grained—Nuttall. The capsule is sometimes smooth, pubescent or warty.

Specific Character.—*Euphorbia maculata*; stem procumbent, spreading flat on the ground, much branched and raisy; leaves opposite, oval or oblong, servolute, oblique at the base, on short petioles, smooth above, hairy and pale beneath; flowers solitary, axillary, much shorter than the leaves. This description given by Torrey, is more accurate than that given by any other writer.

The maculata is an inhabitant of sandy fields which are cultivated annually. It delights in the same kind of soil as the *Euphorbia hypericifolia*, and is generally found growing with this plant. It is an annual production—flowering from the first of July until the last of September. The leaves are not unfrequently stained of a deep brown color. It is from six to twelve inches long; and emits, upon the slightest incision or fracture of any part, a copious milky exudation.

The *Euphorbia maculata* belongs to the class monœcia; the order monadelphia of Michaux, to the class dodecandra, and order trigynia of Linnæus, and to the natural order tricoccæ of Linnæus. *Euphorbia* of Jussieu; and *Euphorbiaceæ* of Professor Lindley, of the University of London.

In its sensible properties this plant is strikingly analogous to the *hypericifolia*, being partially sweetish, and *astringent* to the taste.

Solubility.—Diluted alcohol and water both extract the active properties of the plant; but the latter is the best menstruum for the solution of its elements of activity, and for its exhibition.

Chemical Composition.—I digested portions of the dried plant in sulphuric ether and alcohol; upon the addition of alcohol to the ethereal solution a whitish precipitate was evident; and by adding distilled water to the alcoholic preparation a pearly turbidness took place in the commixture. The decoction prepared with distilled water threw down a copious precipitate on the addition of a solution of gelatine; and a dark blue color was imparted to a portion of the same decoction, by throwing into it a few drops of a solution of the sulphate of iron. From these results it may readily be inferred that the *Euphorbia maculata* contains caoutchouc—resin—tannin and gallic acid.

Incompatible Substances.—When the infusions and decoctions are exhibited with a view to the production of their remedial effects, the metallic salts into which iron enters as the basis, and the solutions of animal gelatine, should be avoided, from their direct tendency to change the peculiar principle upon which its powers depend, and thereby render it inert.

The astringent properties of the maculata reside in every part of the plant, while the slight narcotic power it possesses is found in the lacteous exudation only.

Medical Use.—The consociate combination of an astringent and narcotic, which is found in every part of the *Euphorbia maculata*, renders it an invaluable remedy in tranquillizing and controlling those morbid conditions of the intestinal canal which give rise to cholera infantum, diarrhœa and dysentery, *particularly* in their *secondary* stages. I have used an infusion of the plant, in the secondary states of diseased action of the maladies under consideration, with as much success as I have frequently witnessed from the exhibition of kino and catechu when administered alone, and in conjunction with opium. In the two latter affections, I have generally used the following prescription:—*R. Euphorbiæ maculatæ foliorum exsiccata, ʒi. Infunde in octavio aquæ bulientis. Capiat cochlearia magna unaquaque hora donec morbi symptomata cessantur.*

The dose of the above preparation is intended for an adult. In cholera infantum, I usually give a teaspoonful of an infusion of the same strength every two or three hours, in the same quantity of water sweetened with loaf sugar. In a variety of morbid discharges from constitutional debility, or arising from relaxation of the affected part, I have found the continued use of the *Euphorbia maculata* for two or three weeks competent to the production of the most excellent effects.—*Amer. Jour. of Med. Sciences.*

CASE OF DISLOCATION OF THE HEAD OF THE THIGH BONE, BACKWARDS OR INTO THE ISCHIATIC NOTCH.

BY F. W. FITTOCK, ESQ., M.R.C.S., ETC., SELLINGER.

GEORGE SOLE, ætat. 55, a short spare man, laborer, in the employ of Mr. Marchant, of Otterpool, in the parish of Lymgne, met with the above accident by a fall from a horse, on Thursday, October 7th. After his removal home, and three hours from the time of the accident happening, he was examined by Mr. Fagg, Mr. Le Gros and myself: with but little difficulty, we came to the conclusion that the case was one of dislocation of the head of the thigh bone, backwards, the distinguishing signs being as follows: the hip of the left side was flattened, the trochanter major could not be felt in its natural position, but fully an inch posterior to that and slightly upwards. On rotating the limb, which was done with great difficulty, the head of the bone, although very indistinctly, could be just felt in the situation of the ischiatic notch; the knee was very much inverted and a little flexed; the limb shorter by an inch than the opposite, and the toes resting on the upper surface of the ball of the great toe of the right foot. Every attempt at rotation caused severe pain, the head of the bone appearing as it were locked. After we had placed the patient on a table, and adjusted the pulleys, we gave him tartar emetic, which soon producing its effect, we commenced the extension, and gradually kept it up for an hour and a half, with the assistance of the towel, when, failing in reduction, we determined upon allowing some days to intervene before we made a second trial. Keeping the patient in bed on low diet, no unfavorable symptoms occurred, and the case became more plainly marked than before, for the muscles were so relaxed that the brim of the acetabulum could be defined, and the head of the

bone distinctly felt in the situation of the ischiatic notch; nine days having now elapsed, I requested the assistance of my friends, Mr. Fagg, Mr. Le Gros and Mr. Tyson. We placed the patient in a warm bath, and allowed him to remain there until he was faint; when, removing him to the table, and administering the tartar emetic, I adjusted the pulleys, and gave them in charge to Mr. Le Gros; extension was now gradually kept up for twenty-five minutes, when, with my hand placed over the trochanter, I could feel it advance, and the head of the bone following, appeared to be jerked into the acetabulum. Upon relaxing extension, both legs were found to be of the same length.

Remarks.—The accident in this case occurred from the man's sitting sideways on his master's horse, and being suddenly thrown upon the hip of the right side, the left knee at the same time coming in contact with the ground: a snap was immediately felt by Sole, who supposed his thigh was fractured. The dislocation backwards is commonly described as being detected with difficulty; in this case, a slight muscular frame and deficient obesity facilitated our examination, and enabled us to ascertain with certainty the nature of the accident; from first to last, the limb altered not in position, the inversion of the limb was very great, much more so than is given either in the description or the figure in Sir Astley's work; the patella of the left knee facing the inner side of the right leg. When we accomplished the reduction of the dislocation, our line of extension was the upper third of the sound thigh, and considerably upwards, the patient lying on his right side. The distance between the two fixed points was ten feet; one of the staples being a foot, the other six feet from the ground. The body of the patient was considerably bent, in order to secure the pelvis more effectually; and the belt was so adjusted as to be below the anterior superior spinous process of the ilium. A case of the same kind occurred in this neighborhood about nine years ago, which my friend, Mr. Fagg, attended in consultation; the first attempt at reduction failing; the second, at the termination of ten days, was successful.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 2, 1842.

HOSPITAL AT CANTON.

It will be recollected that some time since Dr. Colledge, and quite recently the Rev. Peter Parker, M.D., solicited the countenance, and, indirectly, funds, in the Atlantic cities, for the support of a hospital in China, which has been some time in being, but which at the present critical period is closed. The object has met the hearty approbation of philanthropists and capitalists. Aside from all considerations of a merely temporal nature, nearly if not all denominations of Christians have gladly cheered the enterprise with liberal donations, fully believing the physical blessing that would be directly conferred upon the Chinese people, through

the instrumentality of the art of surgery, would eventually open the way for the introduction of Christianity and a higher civilization. The profession in this country, generally, so far as a public expression has been made, has viewed the project of Dr. Parker with favor. But all at once indications are given, from unexpected sources, that this Canton hospital scheme is quite an unworthy object, promising more than it can effect. If, says a writer in one of the daily papers, the British want a hospital, let them establish it themselves. Why should the people of America be troubled about it? Hospitals, almshouses, dispensaries, and unnumbered multitudes of paupers among ourselves, have a higher claim both on the purses and the benevolence of the good people of the United States, than the subjects of his celestial majesty of China, or the British residents of Macao or Canton! Such is the drift of an argument recently set forth. Since it neither contemplates the true nature of Dr. Parker's labors, nor foresees the ultimate advantages accruing to humanity in that part of Asia, the writer is certainly ignorant of the subject on which he attempts to enlighten others.

Medical Lectures in Maine.—Students of medicine are reminded that the lecture term at Brunswick, Me., will commence on Monday, February 14th, which is close at hand.

There is a commendable stability in this school, which in an age of mutations is really delightful to contemplate. Neither internal broils among the professors, nor a restless, envious spirit, that hates what it cannot control, has ever been manifested at that Institution. With a quiet, unobtrusive course of systematic operations, from year to year, the pupil is taught, scientifically, the great and important truths he is to practise; and when in a condition to sustain himself honorably before a legal board of examiners, a diploma is conferred that will command respect in any country where such distinctions are acknowledged to be the evidence of professional qualifications.

New-York Lancet.—Although this new candidate for public favor has been some weeks in existence, the numbers have but recently been received at this office, and therefore we have hardly yet had an opportunity of reading them. In the mechanical execution, there is neatness and a good arrangement of the materials. The type is very plain, and the paper desirably firm. At present, the articles are placed in double columns, which gives a finished appearance to the page; but this mode of constructing pages has been pretty much abandoned by the medical journals in this country, mostly because, when bound, the essential parts of the journal become a library book, and its pages are altogether more convenient for being like those of an ordinary book. This, after all, is a mere matter of individual taste, and has no more to do with the merits of a periodical, than with the volcanoes of the moon. The editor is J. A. Houston, M.D., who certainly gives abundant evidence of an active mind, and we doubt not that time will show him to be a bright star in the western medical hemisphere. Being disposed to live harmoniously with all mankind, preferring peace to war, and the social courtesies of life to a wrangling, fault-finding acquaintance, we congratulate all new comers upon their prospects of success, and cordially proffer our services to promote their laudable undertakings.

Ohio Lunatic Asylum.—From the last annual report, for which we are indebted to Dr. Miller, of Mansfield, Ohio, we learn that the number of patients admitted the past year, ending November 15, was 85—males 48, females 37; old cases 42, recent cases (less duration than one year) 43. Average number in the Asylum the present year, 143. Per cent. of deaths the present year, 9.79. Proportion of deaths the present year, 1 of 10.21. Per cent. of deaths upon the average number for three years, 10.65. Number discharged the present year, 81—recovered 44, improved 5, incurable 18, died 14. Number of old cases discharged the present year, 42—recovered 10, incurable 22, died 10. Number of recent cases discharged the present year, 39—recovered 34, incurable 1, died 4. Per cent. of recoveries on all the cases discharged the present year, 54.32. Per cent. of recoveries on the old cases discharged the present year, including 18 discharged by the directors for want of room, 23.80. Per cent. of recoveries on the recent cases discharged the present year, 87.17. Present number in the Asylum, 142—males 74, females 68. Old cases 119, recent do. 23.

"The Institution," says Dr. Ayl, the Superintendent, "has continued to be crowded by patients; and, amidst all its favorable results and blessings, it is still matter of sincere and painful regret, that we are compelled, for want of room, to deny its comforts and privileges to so many unfortunate and afflicted citizens in the different counties of the State.

"Over one hundred formal and informal applications for admission from our own people, have, on this account, been refused during the past year; and, of those received, we have in most cases been compelled to postpone their admission for six, nine, and even twelve months after date. This, by depriving us, in many instances, of the recent and curable cases as they have occurred, has had a very important and unfavorable influence upon our success, and is the chief reason why the actual number of recoveries is less than was reported last year."

"It may here be appropriately remarked, that the favorable results of this Institution are calculated to strengthen and enforce the opinion now very generally entertained that mental derangement is strictly and entirely a physical disease, and that its immediate cause is the direct obstruction or impairment of one or more organs or tissues of animal life. 'The whole head *may* be sick, and the whole heart faint,' but the immortal spirit itself can neither waste with corruptible flesh, nor be stricken in years. It is equally clear that, when properly understood, insanity is as capable of being cured, in its early stages, as any other disease of the same force to which our nature is exposed. The experience of this Institution, also, demonstrates its value and blessing to the large and unhappy portion, which time and disease have rendered incurable; and we hope we may venture to add, that its reputation and prosperity strongly appeal to the wisdom and liberality of an enlightened public for the continued means of support."

Drunkard's Retreat.—E. G. Wheeler, M.D., has accepted the appointment of Overseer and Physician to the Delevan Institute, an establishment lately organized at Bergen Heights, New Jersey. The object of this Institution is a philanthropic one, being principally and originally to reclaim the drunkard, and bring him to be what man *should be*. Fifty individuals from this class have already entered the Asylum, and are soberly and steadily pursuing the labor of their different trades. The building

will accommodate from two to three hundred. The appointment of Dr. W. is a good one, and we wish him and the Institution every possible success.

Colonial Physician of Liberia.—On looking over late despatches to the Colonization Society, at Washington, announcing the very afflicting intelligence of the sudden death of Gov. Buchanan, of Liberia, for whom the friends of humanity everywhere will mourn, the letter of Lawrence Day, M.D., who holds the office of Colonial Physician, was noticed as remarkable for the beauty of the language, its elevated sentiments and Christian humility. Although we know nothing of Dr. D. beyond this one specimen of his mind, it is evident that the Colony has in its service a physician who would take rank in any part of the world. With such opportunities as are continually presenting, he would confer a great favor on the commercial part of mankind, by giving a medical history of that part of Africa where he resides. Death sweeps off such a multitude of emigrants that seamen are afraid of Liberia.

Medical Institution of Yale College.—The Committee for the examination of candidates for degrees and licenses, convened in the Medical College on the 19th inst. and continued in session three days. Present, on the part of the Medical Society, Elijah Middlebrook, M.D., President; Dyar T. Brainard, M.D. and Archibald Welch, M.D.; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers and Hooker. Nineteen candidates, after reading their dissertations, and passing a satisfactory examination, were admitted to the degree of Doctor in Medicine, viz. :—

David Fisher Atwater, A.B., New York, on *Syphilis*. Eli Whitney Blake, A.B., New Haven, on *Amaurosis*. Horace Burr, Haddam, on *Investigation and Discrimination in the Practice of Medicine*. Otis Cooper, North Kingston, R. I., on *Uterine Hemorrhage*. Philo Nichols Curtis, Newtown, on *Intermittent Fever*. Wm. Mark Curtiss, Trumbull, on *The Injurious Effects of Stimulating Diet*. Joel Fuller Erving, Hartford, on *Insanity*. Alonzo Fuller, Lebanon, on *The Powers of Medicinal Agents*. Samuel Brown Fuller, Hartford, on *Scarlatina*. Wm. Henry Goode, Powhatan Co., Va., on *Arsenious Acid*. Edwin Everett Gordon, New Haven, on *Colic*. Ashbel Bradford Haile, A.M., Gouverneur, N. Y., on *The Causes of Disease*. Roswell Hawley, Farmington, on *Diagnosis*. Jacob Thompson Hotchkiss, A.B., Canandaigua, N. Y., on *Phlegmonous and Erysipelatous Inflammation*. John Tyler Lillibridge, New York, on *Iodine*. Edward Phelps Lyman, Warren, on *Empiricism*. Fenner Harris Peckham, Killingly, on *Counter-Irritation*. James Davenport Whelpley, A.B., New Haven, on *The Unity of the Organic System*. Levi Dible Wilcoxson, A.B., New Haven, on *Phthisis*.

Earl Swift, M.D., of Mansfield, being prevented by an accidental injury from attending the examination, his appointment to give the Annual Address to the candidates was continued to January, 1843; and Archibald Welch, M.D., of Wethersfield, was appointed his substitute.

On the Repeated Application of one or two Leeches to the Knee in Dysmenorrhœa. By M. TROUSSEAU.—In three hospital patients under the

care of M. Trousseau the catamenia have followed the application of a leech to the internal surface of the knee. In one case a leech was applied to the right knee; while it held on the patient experienced nothing particular, but as soon as it fell off pains in the loins came on, which lasted almost an hour, and the discharge then appeared. The next day it was arrested again, and a leech was applied to the left knee; and the discharge appeared as before, and continued as usual during three days. In another case the pains of uterine congestion commenced with the application of the leech, which adhered during an hour. The effect produced by one leech is not wonderful, says M. Trousseau, because if the bleeding is allowed to continue, as large a quantity of blood flows as the ordinary amount of menstrual discharge.—*British and Foreign Med. Review, from Bull. Gén. de Thérapeutique.*

Case of Hepato-pleuro-bronchial Fistula. By M. PELLETAN.—At the sitting of the Royal Academy of Medicine, March 23, 1841, M. Pelletan presented the lung, pleura and liver of a man who died under his care in the Hospital of St. Louis. Some time before the death of this patient, he began to expectorate a yellow matter, which had some resemblance to bile, but accident prevented it from being analyzed. On post-mortem examination it was found that an abscess had broken through the whole thickness of the right lobe of the liver and the diaphragm, and communicated with the pleura which formed a pouch at this situation. The neighboring portion of lung was condensed, and a fistulous canal passed through the pulmonary substance and communicated with the bronchial tubes.—*Ibid., from Gaz. Méd. de Paris.*

On the curative Influence of Galvanism in some Organic Diseases of the Eye. By Drs. LERCHE and KABAT.—In the last No. some account was given of this mode of treatment: the two papers before us contain notices of seven more cases of cataract in which it has been tried. The result appears on the whole unsatisfactory. The common effect of the electro-galvanic action is to produce during the operation considerable pain, and subsequently severe and sometimes very obstinate inflammation of all the tissues of the eye. In the course of this the cataract has been partially absorbed, and the sight in a measure improved; but the attainment of these, the most favorable of its results, cannot be relied on, and in some of the cases the operation manifestly did harm. Dr. Lerche's conclusion, which is of course drawn with some partiality for the plan, is, "that it is an important remedy in some organic diseases of the eye, but that its application requires great caution, and must be confined to those cases of cataract in which a favorable result is scarcely to be hoped for from the common modes of operation." *Ibid., from Medicinische Zeitung.*

On the Occurrence of Urea in the Blood. By J. F. SIMON.—The author has never failed to find urea in the blood of those who have died with the granular degeneration of the kidneys. In the blood also of a woman who died with all the signs of cholera, he found a very large quantity; one sufficient for him to obtain crystals of pure urea in very long quadrilateral prisms visible even to the naked eye. This same

blood contained a remarkable quantity of biliverdine and biline, so that its taste was strongly bitter. He has lately determined that healthy blood contains a very small quantity of urea; from about sixteen pounds of calf's blood treated by a lengthened, but apparently very accurate process, he obtained distinct crystals of nitrate of urea, but not a trace of biliary matter.—*Ibid.*, from *Muller's Archiv*.

Medical Meeting.—At 11 o'clock, this morning, the Counsellors of the Massachusetts Medical Society will hold a meeting at the Masonic Temple. Those residing in the city, belonging to the Board, can hardly have an excuse for not being punctually at the room. A good representation from the country is looked for, since the facilities for travelling in Massachusetts are so great.

Medical Miscellany.—Surgeon G. W. Codwise, of the Navy, is ordered to New Bedford, Mass.—Martha Mills died at Newcastle, Del., a short time ago, at the age of 109—having had five husbands in the course of her life, but no children.—A peculiar disease is represented to have attacked the dogs in the neighborhood of Fayetteville, N. C. The animals bitten, die, but hydrophobia is not produced.—Dr. Dean lectured last week at Greenfield, Mass., on Palæontology, before the Lyceum.—The injunction in regard to the publication of Dr. Mott's lectures is removed. If a man lectures for hire, those who pay for what they hear, have as much right to publish it, as to practise upon the precepts the lecturer inculcates.—Dr. John Delamater, L. Green, and J. R. Brown, are associated in the organization of a private medical school at the village of Little Falls, Herkimer Co., N. Y. They are men of character and scientific attainments, and therefore competent to sustain any enterprise of this kind.—Dr. Anson Jones, formerly of the United States, is Secretary of State in Texas.—John Redman Coxe, M.D., of Philadelphia, has written a learned pamphlet on the singular properties of the *agaricus atramentarius*, accompanied with lithographic plates.—The professors of medical schools at the North do not wear gowns, while lecturing in their respective chairs. The gentleman who would be gratified to have them do so, as at the South, might possibly bring about the fashion by sending each one of the learned faculty the article which he thinks gives such external dignity of appearance.—The excess of females over males, in Great Britain, amounts to nearly half a million. There are probably more females than males in the United States. In Massachusetts there is an excess of females amounting to several thousands.—An amusing argument grew out of a proposition at Wakefield, England, lately, to address the queen and her husband, on an auspicious event. Dr. Slatyer thought there was danger in child-birth; but Dr. Cabel Crowther said there was not. So the matter came nigh being decided by a popular vote of a meeting of the citizens; at length the latter gentleman gave way to the obstinacy of senior medical experience.

Number of deaths in Boston for the week ending Jan. 29, 55.—Males, 36; Females, 17. Stillborn, 1. Consumption, 8—fits, 3—erysipelas, 2—teething, 1—lung fever, 8—croup, 5—inflammation of the lungs, 1—scarlet fever, 4—burn, 1—child-bed, 2—infantile, 5—dropsy in the chest, 1—disease of the brain, 1—tumor, 1—typhus fever, 2—canker rash, 1—drowned, 1—dropsy on the brain, 1—pleurisy, 2—inflammation of the bowels, 1—hooping cough, 1—old age, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a Stated Meeting of the Counsellors of this Society at their room, Masonic Temple on Wednesday, the second day of February, at 11 o'clock, A. M. GEORGE W. OTIS, JR.
J. 19—tm Recording Secretary.

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THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

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Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONSO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

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Demonstrator of Anatomy, OSMON L. HUNTLEY, M.D.

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Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, Secretary.

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TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY TO AUGUST, 1842.

THE
B O S T O N
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VOL. XXVI.

WEDNESDAY, FEBRUARY 9, 1842.

No. 1.

A GLANCE AT MEDICINE IN PHILADELPHIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It has been working in my bones a full week to perpetrate on you another deluge of ink!! Poor fellow! Whenever any son of Æsculapius all over New England, or in this great Empire State, or away West, is seized with an unmanageable *cacoethes scribendi*, our good-natured and imperturbable friend, Dr. J. V. C. S., is obliged to be acquainted with the whole result, be it long or short, gay or sober, brilliant or dull, true or untrue; he holding the types and being, *de ipso facto*, accoucheur in general to the whole army of *enceintes* aforesaid.

Now, my dear Sir, permit me to say I have often pitied you when I have imagined you sitting surrounded by piles of illegible manuscripts pressing for insertion, in grave and solemn counsel with yourself whether to "print" the dull thing in hand and thus encourage "nascent" genius, let the doctor's ideas "shoot" and fill up two or three pages of the never-to-be-postponed weekly; while, at the same time, you run the risk of letting down the character of our New-England Medical and Surgical Hebdomadal, of endorsing yourself a numbskull and a dolt, and, finally, of having some dozen of your more astute readers turn up their noses in a paroxysm of hypercriticism, and loading your goodly-sized, fair-faced, handsome missal with the taunting epithets of "insipid," "flat," "intolerable," "wishy-washy," "jejune," and so on, and so on.

Don't conclude I have left out of the account the possibility of your losing a subscriber if you refuse to print it. Not at all. But, be not offended if I say that if any of your contributors, after the unvarying and stereotyped indulgence and courtesy you have many years manifested in meeting the perplexities of conducting the only medical journal that has existed in the Northern States, should abandon you for not giving him insertion, he must have either an empty head or a perverse heart.

I know there are some who would have you prune much more closely than you do. But, let us look at this a moment. Suppose some half dozen reviewers in England, or some of our own countrymen who already stand high in the temple of science, should really feel and say that some of your contributors are too "rudimental" and should be excluded. Do they justly appreciate the wants of your subscribers? are they, indeed, the proper judges? There are some few, for whom you cut and carve, who still walk the hospitals, have not laid aside the dissecting knife, have combined autopsies with the earnest perusal of the latest and most costly

publications, are fully acquainted with the modern wonders of surgery, auscultation, pathology and therapeutics; nay, are in the daily practice of instituting prescriptions and operations that would secure the warm approbation and applause of the mass of practitioners. I know of such men; and have had the high pleasure of recently mingling with a number of them, of whose daily walk and doings the above portrait is not one whit overdrawn.

But how small is the proportion of these elevated characters to the whole company of intelligent practitioners that constitute the readers of your Journal. In the nature of things they must be limited to fields of dense population. While they feel grateful for the Providence which has thrown into their hands such rare advantages and capabilities, they doubtless feel an interest in the primitive efforts of their brethren, and perceive in them proofs of genius and skill that may be quite useful to the profession. For myself, I have often felt, when slitting open the pages of your weekly octavo, peculiar interest in some new signature. I read his place and date; and when I have reflected a moment, what kind of hills and valleys, rocks, sands, snowbanks, whirlwinds and mud-pools he encounters in his daily gyrations, I immediately set myself to deciding whether this new contributor is a genius and is destined to do honor to our fraternity. I do not ask him to write as if he spent five hours a day at the elbow of Dupuytren. I only wish to know with what eyes he has walked through some field of observation that his older brethren have explored scores of times. What new observations has he to report? What discoveries has he made? At any rate one good thing has been done: this young brother has seen himself in type. He is now incomparably more likely to observe methodically, industriously and profitably than before. The channel of publication being now open, not only ambition but even benevolence may stimulate him more laboriously to scrutinize the paths and means of medical improvement.

Before I conclude this unprovoked interference with your concerns, Mr. Editor, let me explicitly deny all intention to endorse or fellowship dulness. How much soever I may inflict on you myself, it is due to yourself and your readers that you should not spare us in rigidly excluding it from your pages. Let not imbecility be stamped upon one page of our northern Journal.

But, heigh-ho! here I am, scribbling on, having almost forgotten that I sat down to write about Philadelphia. Well, Sir, I make no apology. I give you and my kind readers full notice—rather late, though—that I am going to let my pen run on, wild, immethodical, without plan, and according to the impulse of the moment: and if any body is turning over your leaves in a mood of deep and studious abstraction, the horse in the stable, the tea over, the slippers on, the study warm and light, the children dismissed, the accounts duly charged, with the fond, but, alas! often delusive hope that the door-bell will not vibrate till 7 A. M.—I warn him to pass on, to take up something solid, substantial, and that will give employment to his brain while in full vigor; and when languor or sleepiness comes over him, he may perchance find suitable employment for his faculties in the corner of the little octavo appropriated to myself.

Another thing, my dear Sir. I often hear apologies about *egotism* and the frequent use of the little monosyllable *I*. Now, Sir, *I* claim the right and the indulgence to use that little word as often as convenient, and without apology. For I am writing my own notions: and if I were to grow modest and blushing to see so large a number of *I*'s, and introduce circumlocutions and paraphrases, and say "the writer thinks this," and "*he* saw such and such," and "*he* thinks so and so"—why, Sir, it would, in my opinion, add greatly to the dulness of the whole concern, and after all be a matter of inconvenient affectation, and I therefore hereby eschew all claims to modesty, and set myself down as a most thorough and incorrigible *egotist*.

There are three reasons, my dear Sir, why I wish to talk about medical matters in Philadelphia. The *first* has already been mentioned, namely, that I am laboring under an urgent cacoethes for ink-shedding. The *second* is that I have nothing else to do. This, it must be acknowledged, is a very impudent reason. But what would you have a man do? My summer's business by these fountains of Saratoga is a short, though rather laborious, affair. Then comes the excursion for my own health, in some city for three or four weeks, often expedited by the kind invitations of invalid acquaintances and friends formed at Saratoga. These introduce me to their own family physicians, and these to *their* medical friends: and thus, in a most agreeable way, I make the acquaintance of those who are frequently consigning me patients at the Springs. An excursion of similar length to the city or country may be needed in the spring—nay, has invariably been taken. This leaves the winter for medical studies, without the power, if ruined health did not forbid, of doing any sort of justice to common routine practice in the village, which must be broken during nearly six months each year by an exclusive attention to people from abroad and to the above described excursions. But enough of this, my second reason. Before going to a third, however, let me say, that I do not deem it visionary to predict that in the course of a few years, when physicians in Boston, Providence, Portland, Worcester, nay, Buffalo, New York and Philadelphia, have made the discovery that any day in the winter they may place their invalids in a well-warmed rail-road car, with private apartments, settees, water-closets, &c., and come to Saratoga, literally in a public parlor, with scarcely any exposure, and here in comfortable apartments follow their potations, we shall have a very respectable collection of water-drinkers during the winter. It is very true that there is an increasing amount of water sent in bottles every year to our cities. But there are many sick ones in the country who know the difference between drinking the waters, *ad libitum*, fresh from the fountains, and taking them in stinted measure at home. The proposal of a winter's ride to Saratoga will probably appear very *refrigerant* to the reader. But our community are not at all sensible of the comforts of a winter excursion in a well-warmed rail-road car, and there are many men whose complaints have long made them desire a prolonged residence at the Springs, but whose pressing summer business has prevented.

My *third* reason is founded on the belief that a brief report of the

present condition of the medical institutions and medical men of Philadelphia, would be acceptable to many of your readers, as the *coherent* and ever-existing professional engagements they are under almost absolutely exclude them from visiting our medical schools in person.

Permit me to add *one more* reason, and that is a sense of deep obligation I feel for the professional kindness, liberality and attention bestowed on a stranger by the excellent physicians of that city. I do not suppose that my case was peculiar. These men must be in the practice of giving the hearty welcome to those who come in quest of science. Although there are three rival schools, side by side, fully officered and equipped, provided with the necessary building and apparatus, the chairs are all filled by apparently harmonious professors and with crowds of students, flocking in in such numbers as to afford a high pecuniary stimulus to these professors; yet, on the top of all this stringent stimulation, I do aver that in a great majority of their introductory—and I heard all but one—there was manifest a noble superiority to the low arts of finesse and trickery. That each man was laboring for the success of his own school, I will not abuse him in doubting. But it was the struggle of honorable men by honorable means. It was recommending themselves and their compeers by the skillful exhibition of their own accumulated stores of science. But besides these associated laborers, I am sure the medical men of Philadelphia in general possess a high-minded zeal for the honor of the profession not only in their city, famed for its medical and surgical excellence, but through the country. A very general solicitude was expressed for fear that ipedicine, in a neighboring city, was descending from its high and honorable standing to the arena of non-professional manoeuvring—from a science to a trade—from high-minded liberality to plebeian intrigue: and, although I studiously declined expressing a decided opinion, having personal friends in the new school, New York, and expecting to observe more closely on my return home—I testify most strongly that the general anxiety in Philadelphia could not have arisen solely from a spirit of rivalry. If so, why were not their fears exerted in favor of each other's favorite school in their own city? At home there was real rivalry, competition most sensible. Whether the alleged innovations in the University School, New York, shall ultimately elevate or depress our science before the non-professional world, is a problem not yet solved: but of this I am quite sure, that the general perturbation of the medical faculty in Philadelphia was caused by a high determination to sustain the science and practice of medicine above the arts and chicanery of the vulgar. It was an honest jealousy of their brethren of the new faculty in New York; and would never have existed had these brethren confined their reports and exhibitions to the members of our own profession. But I must not say more of this now. Should you afford me a place in one or two of your next Nos., I may possibly resume this matter, and should I remark anything of individuals I design it shall not be matter of private history, but what belongs to their character as public men, and just such as should be written were they inspecting my scrawl as it runs from my pen.

M. L. NORTH.

Saratoga, Jan. 15, 1842.

REMOVAL OF THE OS MAXILLARE SUPERIUS FOR A CEPHALOMATOUS DISEASE.

BY JOHN C. WARREN, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a late No. of your Journal, I noticed some account of an operation for the removal of the upper maxillary bone, which had been recently performed. As that statement was not made with my knowledge, I feel it to be necessary to give a more precise and full account of this operation, for the information of such as may be called on to perform a similar one. This I can at present do with the more satisfaction, as the patient has now quite recovered from the operation, and is, I hope, permanently relieved of his disease.

The patient, Mr. I. G., is 35 years old, well constituted, and in every particular strong and healthful, with the exception of the disease which called for this operation. About nine months since he began to be affected with frequent and considerable bleedings from the nose. These bleedings occurred about once a week, and were sometimes profuse. During the occurrence of one of these attacks he was led to pass his finger deep into the left nostril, and discovered there a tumor about the size of a pea, in the outer side or wall of the cavity.

The bleedings continued, and the tumor grew till it made a visible appearance in the aperture of the left nostril. Alarmed at this, he consulted Dr. Winslow Lewis, who suspecting a formidable disease, advised him to apply at the Massachusetts General Hospital for advice and assistance. He was there examined by Dr. Hayward and myself, and presented the following appearances. The left nostril was filled by a tumor of a deep red color and soft consistence, discharging blood freely on being subjected to a slight touch. A probe could be introduced into the cavity on the inner side of the tumor along the septum of the nose; but on the outer wall was soon arrested in its progress by the tumor, which appeared to be connected with this part, and bled so copiously as to prevent a continuance of the examination in this direction. The external appearance of the face being examined, the nose was seen to be tumefied on the left side by the protrusion of the nasal process of the upper jaw, and also by that part of the bone forming the exterior wall of the nasal cavity. On opening the mouth, the hard palate was seen to be the seat of a tumor of an elastic character, oval form, and size sufficient to occupy a considerable portion of this cavity, obviously produced by the pressure of a substance in the nostril above. The mucous membrane of the mouth was not altered in color or consistence.

On passing the finger through the mouth into the posterior opening of the nostril, this aperture was found to be filled by a soft elastic tumor, similar to that which occupied the anterior aperture. The septum of the nose was slightly inclined into the right nostril.

Such were the history and appearances of this tumor. Its vivid red color, soft consistence, disposition to bleed, rapid growth, and consequent breaking down of the bones which surrounded it, satisfied me that it was a cephaloma; a malignant fungus, which would destroy the patient's life in

a short time unless extirpated; and I therefore advised him to enter the Hospital and have it removed. The patient agreed to this course, and went home to make his arrangements.

In nine days after, he entered. When I came to examine the tumor again, I found that during this short period it had enlarged considerably; and especially that it had extended to the right side of the palate so far as to leave a small space only between it and the teeth of that side. I was now seriously apprehensive that no operation could wholly eradicate the tumor, and felt much doubt whether it would be expedient to attempt one, in itself always severe, and which in this case would be attended with dangerous bleeding. After weighing the arguments on both sides for three or four days, I came to an affirmative conclusion, provided other gentlemen were of the same opinion. On the Saturday following, the 4th of December, a consultation was held, consisting of Drs. Hayward, Townsend and Holmes, and these gentlemen being satisfied that as there was no other ground of hope for the patient, and that he must die in a most distressing manner, the operation was decided on, and immediately after executed.

The principal difficulties I anticipated in this operation were the following:—1. Profuse bleeding, which the character of the tumor, the tendency of blood to the head produced by it, and the fulness of the patient's habit, seemed to promise. 2. Impracticability of dividing the bones without sawing, as the patient was of an aspect which indicated unusual solidity of the osseous texture. 3. Fatal syncope, from the quantity of blood lost and the pain of the operation.

To obviate these dangers I proposed—1. Compression of the carotid arteries, tying of the wounded vessels when they bled freely, and the use of the actual cautery. 2. Division of the bones by the cutting forceps, which I had caused to be made and used for the last twenty years. 3. Waiting occasionally to give the patient time to recover; and recruiting him with cordials.

Everything being arranged, the patient was placed in a chair, his head well supported, and the operation was then begun in presence of the medical class and a considerable number of medical gentlemen of the city.

I made an incision from the middle of the external edge of the left orbit to the left angle of the mouth, down to the bone. A most copious gush of blood succeeded. The internal flap was then quickly dissected up to the middle of the nose, cutting up at the same time the cartilage of the left wing of the nose, and freeing the globe of the eye from the inferior part of the socket by the division of the inferior oblique muscle, the fascia of the eye and the periosteum. The outer flap was then rapidly dissected from the *os malæ* and *os maxillæ*, and around the latter bone as far as its union with the pterygoid process of the sphenoid; but the uniting space was not at this time penetrated on account of the large pterygoid branch of the internal maxillary, which would have been difficult to secure in this stage of the operation.

The two flaps being separated, the anterior extremity of the sphenomaxillary fissure was perforated, and I then proceeded to the division of

the bones. The os malæ was attached directly opposite to the perforation in the speno-maxillary fissure. The cutting forceps were then applied to the broadest part of the malar bone, and divided it smoothly in a few seconds. Second, the same instrument was applied at the internal angle of the eye, in an oblique direction from the lower edge of the orbit to the lower termination of the os nasi. Here the projection of the tumor into the orbit occasioned some difficulty, from the little space left for its introduction into the orbit; but the instrument being fixed, the bone was divided without difficulty.

In the mean time the blood continued to flow in torrents. One considerable artery required immediate ligature; and the bleeding of the others was controlled by compression of the carotid artery. The mouth of the patient filling with blood, frequent pauses were required to afford him an opportunity of ejecting it, and occasionally he was recruited by a little wine.

The most difficult part of the operation remained; that of dividing the sound from the unsound parts within the mouth, and separating the maxillary from the sphenoid and palatine bones without injury to the latter; so as to leave the patient the whole of the soft palate, with the palatine plate of the os palati to support it. In order to accomplish this without dissection, I made an incision through the mucous membrane of the hard palate, beginning at the edge of the palatine plate of the os palati, and extending the incision forwards to the external edge of the jaw, then upwards across the alveoli into the bone. To facilitate this incision, the middle incisor tooth of the left side was taken out in such a way as to break the anterior part of the alveolus. Then by a single stroke of the cutting forceps the upper maxillary bone was divided, and its palatine plate cut through as far as its junction with the os palati. In order to separate the palatine plates of the maxillary and palatine bones, I hoped to be able to clear the mouth of blood for a moment to make a transverse cut between these plates. But to see was impossible, from the flow of blood. Therefore passing the forefinger of the left hand into the mouth, I felt the last molar tooth, and turning the pulp of the finger forwards to receive and support the instrument, I struck a strong-pointed knife through the hard palate at the union of the maxillary and palate bones, separated these bones, and was able also to separate the maxillary bone from the pterygoid process of the sphenoid, and thus accomplished the disunion of all the bones concerned. Finally, the knife was passed externally behind the upper maxillary bone into the space between this and the pterygoid process, to divide the second branch of the fifth pair of nerves. This was done by a stroke of the instrument, and the patient made a great cry, evincing that this nerve had been reached.

Seizing the bone with the left hand by its orbital and alveolar portions, it was by a gradual movement started from its situation, and aided by a few touches of the knife, its remaining periosteal attachments were divided, and the whole bone and tumor dislodged from the face.

The patient having lost much blood, had now become faint, and was

therefore placed on a table. The portion of swelled mucous membrane on the right side of the palate was cut off with ease, and it now only remained to arrest the hemorrhage. A ligature was applied to the superior ethmoidal branch, or continuation of the maxillary artery. The hemorrhage from a second artery also required to be arrested. This was not easily done, for it was impossible to discover the orifice of the wounded vessel. It was therefore touched with caustic potass, and lint applied to it. As the bleeding might recur, the wound was not immediately brought together, but was covered with a cold-water compress, and the patient left in the operating theatre. He was able to swallow and speak, notwithstanding his exhaustion and the length of the operation.

The time expended during the operation I do not know, having always considered it the part of folly to measure an operation by time, rather than the exigencies of the case. I was informed, afterwards, it was over forty minutes, and not an hour as stated by your correspondent. The principal part of this time was expended in waiting for the patient to relieve his mouth and throat of blood, which appeared to embarrass him more than I had expected. But the time employed in the incisions, both of the soft and hard parts, was short, and certainly could not have exceeded ten minutes.

In three hours after the operation, no bleeding having occurred, the wound was dressed by passing five sutures and applying a cloth of four thicknesses wet in cold water, to be moistened from time to time; and then he was carried to his bed. He passed the night rather uneasily; but the next day he was more quiet. The pulse, for four or five days after the operation, varied from 80 to 112; at the end of six days it was 72. The third day, the wound being wholly united, the stitches were withdrawn by Mr. Hayward, the house-surgeon, at my request. In two or three days the patient was able to take softened bread, and in three weeks from the operation went home to pass Christmas with his family—in two days after which he was discharged. At the present time, eight weeks after the operation, he is at home—takes food freely and speaks intelligibly. The left eye, at first much swelled, is in a natural state, and he uses it without uneasiness. On the left side of the palate there is an aperture of a triangular form. Through this the os ethmoides may be felt, the projections of which were mistaken by the patient for a return of his disease. The food occasionally passes through this aperture into the nostrils, and embarrasses the patient momentarily. The soft palate is entire. There is a slight paralysis of the left side of the upper lip, from the division of the facial nerve; and a want of sensibility in the left side of the nose and the left upper lip, from the division of the second branch of the fifth pair of nerves.

Description of the Tumor.—The tumor, after its removal, exhibited the following appearances. At its summit appeared the lower floor of the orbit of the eye, at the inside of which was a portion of the nasal process of the os maxillare superius. On its outer part projected one half of the os malæ; below appeared the left half of the palate, with the exception of the part which belongs to the palatine plate of the os palati. A portion of the fossa canina, and the whole alveolar mar-

gin, with the correspondent teeth, were visible. On the inner wall of the mass appeared three considerable red colored lobes, attached to the outer and inferior part of the maxillary cavity, by something like a pedicle about an inch in diameter—the three lobes being connected at their attachment, but separated at their internal or nasal extremity into an anterior, middle and posterior lobe. The superior maxillary nerve was seen in and behind the orbit. The whole was covered by membranes which separated it from the parts in contact. One lobe had made its way through the bone of the face; the others through the partition between the nostril and antrum.

Examined by a glass magnifying from twenty to thirty times, the substance of the tumor was found to be composed of semi-transparent globules, which became opaque in alcohol. These were connected by a fibro-cellular substance, which appeared to form a larger part of the tumor than the globules themselves. The texture was in consistence somewhat spongy and elastic, and was very vascular; differing in these points from a tumor of the upper jaw, for which I removed that bone two years since—in which the globules were red and fleshy, though very small, and the interstitial substance was of a firm, scirrhomatous character, and not highly vascular.

Remarks.—The minute account I have been led to give of this operation, may appear tedious and unnecessary. I have been induced to these details from the difficulty I have experienced in this as well as other operations, from the defect of minuteness in their descriptions. Those who are called on to their performance alone feel that no fact relating to them is superfluous; while others, who consult such descriptions from curiosity only, complain with justice of long descriptions. Besides the general reasons in favor of minuteness, there is one which is particularly applicable to this case. The organs affected were but slightly masked by disease; so that nearly the whole operation could be done with precision by anatomical rules.

The most important consideration in regard to this case, is the question whether an operation should have been done? That the patient would have lost his life from the disease if allowed to pursue its course, there is no doubt. In my practice I have seen a considerable number of cases of bleeding fungus of the antrum and nostrils, which have gone on to a fatal and painful termination, notwithstanding remedies, internal and external; and removal of the tumor from its bony cavity, followed by a careful cauterization of its parietes. In order to judge of the propriety of operating in such cases, we must distinguish from each other the different tumors which begin in the maxillary cavity and extend into the nostrils, and raise the bony parietes of the face, orbit and palate. I have seen four different species of such tumor. First, the osteo-sarcoma of the upper maxillary bone; second, the fibrous tumor; third, scirrhomatous; and fourth, cephaloma.

The first, osteo-sarcoma, is the most formidable in appearance, and attains the greatest size. Its growth is rapid and luxuriant; it breaks down the surrounding bones, and produces enormous deformity. This affection, terrible as it is in appearance, is tractable by operation, and its care-

ful removal is generally followed by a successful result. The second, fibrous tumor, is of slower growth, and more limited in its ravages. This may be removed with a reasonable certainty of its not returning. Third, scirrhus. This form of tumor of the antrum is characterized by its hardness, the pains which attend it, its moderate growth and certain fatality. Fourth, the cephalomatous tumor is rapid in its growth, and of a spongy texture, produces excessive bleedings, and terminates by death unless removed at an early stage.

The disease in this case was of the fourth species. It follows, from what has been before stated, that, in our opinion, such a tumor must be removed at an early period, and when in a circumscribed condition. The tumor, in this case, presented these conditions when we first saw it. Afterwards, its rapid increase led to doubts as to the final success of the operation. Still it was limited in its adhesions to the interior of the maxillary cavity; and the slight enlargement of the palate seemed to be rather an effect of its pressure than of its contaminating quality; and as the whole disease was removed, there is certainly ground for the hope that the patient may escape a recurrence. At least there is so to those who do not entertain the idea that all malignant tumors—that is, all the tumors which tend to involve every contiguous texture in their growth—are necessarily and early the products of a contaminated circulating fluid. Those pathologists who are of this latter opinion must of course believe that every operation for the removal of malignant tumors is utterly unavailing. But although it is true that a great number of these are followed by signs of a general vitiation of the blood, my experience of a happy termination of a great number of such diseases will not allow me to fall into this general and sweeping conclusion. It is true that in the present state of science, we have no means of determining in their earlier periods what diseases are malignant. While this uncertainty continues, we must take advantage of it, and believe that when, with similar appearances, some tumors are happily eradicated and others become constitutional, we have grounds for the hope that we may sometimes succeed in the extirpation of local affections which, if allowed to go their course, would become constitutional.

The perfectly healthy condition of the patient in this case precludes, in our view, the opinion that a vitiated state of the blood produced the local disease; and the limitation of this disease to a pediculated attachment certainly, in my mind, excites the hope that he may escape the fatal result which, without the extirpation, would have inevitably followed. The possibility of a recurrence of the disease would have prevented my making public this description until the final result had been tested by time, had not a partial statement appeared, which seemed to me to call for the details I have here furnished.

At this time, three months subsequent to the operation, he seems to be quite well, and has resumed his former occupation. The edge of the wound and the projection of the os ethmoides above it, appear sound; and probably will soon with safety permit insertion of a substance to cut off the communication between the mouth and nostril.

Note.—Having alluded to a case in which I did this operation some time since, I will here give a short account of that case. In June, 1839,

Captain —, formerly master of a ship, aged about 60, came to me with a tumor on the right side of the nose. On regarding it, I could hardly perceive any inequality; but on passing my finger over the part, I discovered a rising on it, and examining the jaw found that a number of the teeth had fallen. The patient was affected with severe pains, which were increasing. I judged it to be a scirrhus of the antrum, and advised its immediate extirpation. The patient did not, however, make up his mind to an operation, till the following September. He then sent for me to come into the country, about forty miles, for this purpose. On visiting him I was painfully struck with the rapid progress of the tumor. The whole of the right side of the face was disorganized and horribly deformed. Although I had come some distance for the purpose of doing the operation, it is doubtful whether I should have proceeded with it had not the patient been impelled by the intensity of pain to call for it. I removed the tumor. The wound united. In a week he was well enough to use the eye of the affected side with a spy-glass. But soon after, the disease recurred, and he died two or three months subsequent to the operation.

This disease was distinguished by its hardness, pain and absence of hemorrhage, from that which has been here recorded.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 9, 1842.

SPECIAL PATHOLOGY AND THERAPEUTICS.

SOME men have not time to be idle. This must be the condition of that miracle of industry, the author of two noble-looking volumes, just published by Messrs. Lea & Blanchard, of Philadelphia. They have sent out so many good and almost indispensable books of late, that it is beginning to excite no little surprise, how it happens that they monopolize such a collection of the very best writers in all the departments of medicine.

The two volumes to which these observations refer, are called, on the title-page—“*The Practice of Medicine; or, a Treatise on Special Pathology and Therapeutics.* By Robley Dunglison, M.D., Professor, &c.” They contain 1322 pages, large-sized octavo, are well printed, and well bound, too; and dedicated, with much propriety, to those who have attended his lectures in the course of the last sixteen years. Having premised that improvements and modifications are incessantly taking place in the two departments upon which the author has in this instance concentrated the force of an active, well-trained mind, we cannot better express his intentions than by transcribing the language of the preface. “During a long service as a medical student in the north of England, in Edinburgh, London, and in Paris; during a practice of six years in London; of eight years whilst he was professor in the University of Virginia; of three years as professor in the University of Maryland; and of up-

wards of five years as professor in the Jefferson Medical College of Philadelphia, he has carefully noted the modifications that appeared to be produced by climate and locality. Moreover, his services for three years as physician to the Baltimore Infirmary; and for a longer period as physician to the Philadelphia Hospital, one of the largest charities in the country, has enabled him to appreciate the differences presented by the same malady, according as it may fall under the care of the private practitioner or the medical officer of an eleemosynary institution; and to pronounce, as the result of such observations, that the great principles of pathology and therapeutics are the same everywhere, and that one, who has been well grounded in those principles, can exercise his profession with as much satisfaction to himself, and advantage to the sick, in the scorching presidencies of British India, as in the more temperate regions of our own country."

Book 1st has the following arrangement. Diseases of the alimentary canal—embracing, 1st, diseases of the mouth, tongue, teeth, gums, velum palati and uvula—in separate sections; 2d, diseases of the pharynx and œsophagus, stomach, intestines, peritoneum—morbid productions, &c. Book 2d, diseases of the respiratory organs, &c., minutely considered; 3d, embraces diseases of the circulatory apparatus; 4th, diseases of the glandiform ganglions, &c. &c.; 5th, diseases of the glandular organs; 6th, diseases of the nervous system; 7th, diseases of the organs of sense; 8th, diseases of the organs of reproduction; and the 9th and last book treats of diseases involving various organs.

We have endeavored to convey a general idea of the scheme of this important work, that physicians may have some data to go upon in deciding upon its character. Dr. Dunglison appears to have collected every essential fact within the compass of an extensive field of observation, and has so arranged the whole mass of materials, that there is not even an opportunity for finding fault.

At present, copies may be had at Mr. Ticknor's, Washington street.

Principles and Practice of Obstetric Medicine and Surgery.—Since writing a former paragraphic notice of the re-publication of Mr. Ramsbotham's great work, we have given the book a more thorough examination. It is certainly a very complete production, for no point, even remotely related to the subject of obstetric medicine, seems to be omitted. The author anticipates the reader in a multitude of ideas, which he might almost consider exclusively the results of his own personal observation, and unknown to others. This shows with what minuteness the domain of obstetrics has been surveyed by this accurate writer.

This is the first American edition—purporting to have been revised; by whom or when, is not stated. No one can be deceived in regard to the intrinsic value of the plates—one hundred and forty-two in number. Although lithographic, they are as delicately and accurately executed as copper-plate engravings—many of them strikingly resembling some of the best in the last foreign edition of Snillie's System of Midwifery. That work, now but little thought of, was always especially prized on account of the truth and beauty of execution of its plates.

Dr. Ramsbotham's treatise may be found on sale at Saxon & Peirce's, and at Ticknor's, Washington street.

Therapeutic Arrangement of the Materia Medica.—Dr. Martyn Paine, author of the *Commentaries, Letters on the Cholera Asphyxia of New York*, Professor of the Institutes of Medicine, &c., in the University of New York, has sent forth a new essay, entitled—“*The Materia Medica, arranged upon Physiological Principles, and in the order of the general practical value which remedial agents hold under their several denominations*,” &c. It has been written within the last two months, and yet it has the general appearance of having been the careful labor of a year. Dr. Paine is a prolific writer—a paragon of industry. We are astonished at the results of his indefatigable literary perseverance. The preface is as keen as a scalpel. When a brave man is driven to the wall, there is but one course left, and that is, to resist with all his might. The house is the owner's castle, and Dr. Paine defends his like a veteran hero.—We must read the whole book before remarking further.

Penitentiary Practice.—From the last Annual Report of the Directors of the Ohio Penitentiary, at Columbus, we collect the following statistics of disease in the Prison for one year—being an abstract of the report of the physician, James Irons, M.D. There were from December 1st, 1840, to June 16th, 1841, 225 cases requiring medical aid. Of these, 37 occurred in December; 39 in January; 17 in February; 29 in March; 31 in April; 26 in May; and 8 only in June. In consequence of this there were 2892 days lost to the Commonwealth in the labor of the prisoners. Only four deaths took place. The nomenclature of diseases which were met with is a little queer, but, after all, not a fraction more unscientific than may be found half the world over. It looks somewhat out of joint to notice, in an official report, one patient chronicled on the sick list, with *sore back*. A horse may have a sore back, too—but the question would be with the critical practitioner, what caused it?

British Foreign Medical Service.—In her Majesty's service in Bengal, there is 1 inspector-general of hospitals, 16 surgeons, 24 assistant surgeons, and 2 veterinary surgeons. In the East India Company's service, on the same station, 162 surgeons, 230 assistant surgeons, 15 supernumeraries, 19 veterinary surgeons, 36 apothecaries, 4 supernumeraries, 42 assistant apothecaries, 26 stewards, and 10 assist. stewards. At the Madras medical establishment, in the Queen's service, 1 deputy inspector-general of hospitals; 8 surgeons, 15 assistant surgeons, and 1 veterinary surgeon. In the Company's service—there are 74 surgeons, 168 assistant do., 12 veterinary do., 40 apothecaries and 19 assist. do. On the Bombay medical station, in the Queen's service, there is 1 deputy inspector-general of hospitals, and 1 assistant, 5 surgeons, 10 assist. do., and 1 veterinary surgeon. The Company employ on the same station, 55 surgeons, 109 assistant surgeons, 4 acting assistant surgeons, 1 sub-assistant surgeon, 7 veterinary surgeons, 19 apothecaries, 2 acting do., 2 sub do., 8 stewards, 3 acting do., 31 assistant apothecaries and stewards, and 25 assistant acting do.—giving a grand total in 1841, of 276 surgeons, 570 assistant surgeons, 50 veterinary do., 120 apothecaries, 25 assistant do.—besides 57 stewards and their 25 assistants—in all, 1123 persons.

With these statistics of one portion of the British empire, which requires such a multitude of medical men, we may understand in what man-

ner the thousands of students educated at the London schools of medicine and surgery, together with those of Edinburgh and Dublin, find employment. The colonial possessions of England in all other portions of the globe, in connection with the requirements of the navy, make an annual demand for a vast number of young surgeons, who are generally well supported. In the East India service, at a particular age they can retire upon an annuity, the fund from which it is drawn being a voluntary tax, contributed at regular periods, commencing with their entrance into the service.

Statistics of Mortality by Consumption.—By the last annual report from the health office of Boston, we learn that 1919 individuals have died the past year, that 256 of the deaths were from consumption, and that 229 were from other diseases of the respiratory organs. Computing the present number of inhabitants at 85,000, then 5.7 in 1000 living, die annually from diseases of the respiratory organs, and 3.3 in 1000 living, die of consumption, giving Boston a decided advantage over England in this respect. In the *Medico-Chirurgical Review* for 1841, we have a review of the Annual Report of the *Registrar-General*, of births, marriages and deaths in England, for a year or two previous—and it appears that in every 1000 living, 6 die annually in England from diseases of the respiratory organs; and 4 in every 1000 living, die of consumption. 18 per cent., or 16 per cent. of the deaths of males and 19.2 of females, is caused by consumption. 31,090 English women die in one year of the incurable malady. Consumption, there, destroys the greatest number in spring, but the excess of deaths may have been the result of the previous winter's cold. Males suffer more from the disease in winter, than females. T.

Geneva College.—As usual, the medical department of this well-governed Institution, stands high in public estimation. *One hundred and fifty-six students*, forty-eight physicians, and seven classical students, attended the last course of lectures. One hundred and nine degrees of doctor in medicine have been conferred since the organization of the school in 1834.

Pain in the Tibia removed by Incision. By JOHN JONES.—The interesting case of severe pain in the tibia relieved by incision, narrated by Mr. Freeman, in your last No., induces me to bear testimony to the success of his plan of treatment in an exact similar case that occurred in my own practice sixteen or seventeen years since.

A strong, hale farmer, about 50 years of age, living on the borders of the forest of Exmoor, was attacked with the most severe and excruciating pain in the lower part of the tibia. He sought relief from the nearest medical man in the neighborhood, who bled him topically and generally, applied blisters, rubefacients, fomentations, &c. &c., but all without the least alleviation of pain. When I first saw him, the disease had existed above a fortnight, and the sufferer was evidently sinking from excessive pain. There were no appearances of inflammation, nor had any previously been discoverable; indeed, the limb had a perfectly normal appearance. I immediately made three free incisions, so as to divide the periosteum, in a line with the tendon of the tibialis anticus. A common poultice was applied, and entire cessation of pain was experienced in the

course of a few hours. The patient got rapidly well, and is, I believe, still living in perfect health.—*London Lancet.*

Mr. Braid's New Operation for Club-foot.—In the course of my practice I discovered a variety of talipes, not arising from preternatural contraction, but from paralysis of certain classes of muscles. It occurred to me that excision of a portion of the elongated tendons in this affection would supply an efficient means of cure. The following case furnished the first opportunity for the trial of the experiment:—A patient, 6 years old, had been given up as the subject of hopeless paralysis. The left leg was perfectly powerless, dangling by the side of her crutch, without reaching the ground, much colder than natural, the foot assuming a slight degree of varus, so that when placed on the ground it rested on its outer edge, the heel slightly elevated, and the toes turned a little inwards. I excised three sixteenths of an inch of the peronæus tertius, and dressed and bandaged the limb, so as to maintain the divided ends in contact. In a week she could walk across the floor with the assistance of a hand, and on the tenth day she walked across my surgery floor and back again without any assistance. In twenty days she put on a boot, and in another week walked without her crutch, which she has done ever since.

Mr. Braid relates seven other similar cases which proved successful.—*Ibid., from Edinburgh Journal.*

Number of deaths in Boston for the week ending Feb. 5, 62.—Males, 30; Females, 32. Stillborn, 3. Consumption, 5—inflammation of the lungs, 2—scarlet fever, 11—inflammation of the brain, 1—lung fever, 10—disease of the heart, 1—dropsy, 3—canker in the bowels, 1—erysipelas, 1—induenza, 1—bronchitis, 1—sudden, 1—old age, 3—hepatitis, 1—scrofula, 1—liver complaint, 1—child-bed, 1—disease of head, 1—fever sore, 1—congestion of the lungs, 1—purpura hemorrhagica, 1—teething, 1—infantile, 2—dropsy in the head, 1—croup, 1—burn, 1—tumor in the bowels, 1—intemperance, 1—debility, 1—canker rash, 1—fits, 1—dropsy on the brain, 1—unknown, 1.

DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Purgative, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now fully acknowledged by the most eminent Physicians, Surgeons and Chemists, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSTON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHEESEMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAD, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 491 Washington street; Smith & Fowle, 138 Washington street; Brewster, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to J. Balch, Jr. In Hartford, to E. W. Bull. In New Haven, to D. Smith & Co. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chestnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Harrall & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particular to order M'MUNN'S Elixir of Opium, as there are base imitations in existence.

F. 2-32

REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Dec.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun.	P.M.	Sun.	Sun.	P.M.	Sun.			
1 Wed.	21	36	32	29.73	29.70	29.69	S W	Fair	
2 Thur.	33	41	40	29.70	29.71	29.74	S W	Fair	
3 Frid.	34	39	40	29.72	29.56	29.47	N E	Rain	.14 inch of rain.
4 Satur.	48	46	44	28.78	29.58	28.58	S W	Fair	.91 inch rain in the morning—snow squalls.
5 Sun.	34	34	36	28.58	29.55	28.54	S W	Fair	
6 Mon.	34	34	30	28.80	29.90	29.97	N W	Fair	
7 Tues.	25	34	32	29.25	29.35	29.39	N W	Fair	Beautiful sunset—halo around the moon.
8 Wed.	21	36	35	29.54	29.52	29.50	S W	Fair	
9 Thur.	38	45	44	29.35	29.28	29.28	S W	Cloudy	.75 inch of rain.
10 Frid.	38	46	44	29.35	29.30	29.24	N E	Cloudy	
11 Satur.	44	46	44	28.90	28.87	28.90	N b E	Rain	.02 inch of rain.
12 Sun.	34	44	41	29.10	29.20	29.31	N W	Fair	
13 Mon.	29	36	36	29.54	29.55	29.54	S E	Fair	
14 Tues.	35	43	43	29.36	29.18	29.16	S E	Rain	.57 inch of rain.
15 Wed.	40	47	46	29.36	29.40	29.39	N W	Cloudy	.02 inch of rain.
16 Thur.	40	40	40	29.42	29.35	29.34	N E	Cloudy	No frost in the ground—farmers ploughing.
17 Frid.	26	24	25	29.63	28.80	28.79	N E	Snow	Fall of snow 2 inches.
18 Satur.	18	18	17	28.65	28.75	28.80	N W	Cloudy	
19 Sun.	12	23	24	29.20	29.29	29.30	S W	Cloudy	
20 Mon.	23	26	26	29.44	29.43	29.44	S W	Fair	
21 Tues.	19	19	17	29.54	29.60	29.65	N W	Fair	Fall of snow 2 inches.
22 Wed.	4	18	18	30.00	30.06	30.08	N W	Fair	Barom. 30.12 in the evening.
23 Thur.	10	22	20	30.05	30.00	29.93	N E	Cloudy	Barom. 30.11 in the morning.
24 Frid.	46	35	32	29.19	29.25	29.34	N W	Fair	High wind and rain in the night. .96 inch.
25 Satur.	29	29	26	29.46	29.47	29.48	N W	Cloudy	halo around the moon.
26 Sun.	10	24	24	29.54	29.56	29.57	N W	Fair	
27 Mon.	17	28	26	29.62	29.63	29.63	N E	Cloudy	
28 Tues.	29	32	35	29.63	29.57	29.55	S W	Cloudy	Beautiful sunset.
29 Wed.	29	34	32	29.67	29.73	29.75	N W	Fair	halo around the moon.
30 Thur.	28	34	32	29.77	29.60	29.55	S E	Cloudy	Snow commenced at 2 P. M. Snow 2 inch.
31 Frid.	23	38	36	29.36	29.27	29.24	S W	Fair	Beautiful sunset.

The month of December has been mild, open and pleasant. Little snow has fallen: there has been little or no sleighing. The range of the barometer has been great, and the changes sudden: highest 30.12; lowest, 28.54. Thermometer has ranged from 4 to 48. Rain, 4.77 inches; snow, 6 inches.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.
Theory and Practice of Physic, by WILLIAM SWEETSER, M.D.
Obstetrics, by ERENEZEE WELLS, M.D.
Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Library contains about 3000 vols. principally modern works.
Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. PARKER CLEVELAND, Secretary.

Brunswick, October, 1841.

D. 8—cop6t

CASTLETON MEDICAL COLLEGE.

The annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.
Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.
Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.
Theory and Practice of Medicine, by DAVID M. REESE, M.D.
Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.
Chemistry and Pharmacy, by WILLIAM MITHER, M.D.
Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.
Medical Jurisprudence, by WILLIAM P. RUSSELL, M.D.
Demonstrator of Anatomy, ROBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 1, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI

WEDNESDAY, FEBRUARY 16, 1842.

No. 2.

ON THE TREATMENT OF PLEURISY.

FROM DR. WATSON'S LECTURES AT KING'S COLLEGE, LONDON.

As to the *treatment* of pleurisy, you will have anticipated that in the outset of the disease we must have recourse to the lancet. I have stated more than once that bloodletting *tells* more, and is better borne, in inflammation of serous membranes, than in any other case. If you see the patient while the stitch in the side and the restrained and cautious respiration are present, you will bleed him, in the upright posture, from a large orifice, until the pain is relieved, and he can draw a full breath again with ease and satisfaction; or until he is about to faint. And if the pain and catch in the breathing should return, and the pulse continue firm and hard, you will bleed again in the same way; or cover the painful side with leeches; or abstract blood by the cupping-glass and scarificator. It is best to bleed fearlessly at first, and in proportion as you do so the chance will be diminished of a repetition of the bloodletting being needed. The blood, in pleuritis, is always deeply buffed and cupped.

Tartar emetic, which is so useful when the mucous membrane of the air-passages is inflamed, is *not* adapted to inflammation of the pleura. On the other hand, mercury, from its well-known power to check the effusion of coagulable lymph, is *especially* indicated. Of course it is to be given with a view to its specific effect on the system; i. e., in equal doses repeated at frequent and equal intervals, and guarded by a small quantity of opium. And in very severe cases, or when the internal employment of mercury is in any way contra-indicated, recourse must be had to inunction of the linimentum hydrargyri, or of the strong mercurial ointment.

By the early and vigorous adoption of these measures, the inflammation may generally be subdued in no long time. If, though the fever diminish, there still be pain in any part of the chest, leeches may be again applied, or the part may be covered with a blister. I do not think a blister does any good—on the contrary, it is likely, by the additional irritation it causes, to do harm—while the inflammation is yet recent and active.

But though pain may have ceased, and no fever remains, and the patient is not conscious of much dyspnoea, there may be, and there often *will* be, evidence, not to be mistaken, of effusion into the cavity of the pleura. Dulness, I mean, on percussion, bronchial respiration, ægophony; and the object of our treatment is now to get rid of the fluid.

We seek to do so by keeping the patient on low diet. The more (says Broussais, with some quaintness), the more the patient eats, the sooner he will die. We pursue the same object by keeping his gums tender with mercury; by applying blisters one after another to the affected side; and by purgatives and diuretics. By keeping the vessels empty we facilitate, as much as in us lies, the absorption of the liquid contents of the pleura. A very good form of diuretic for this state of matters is a combination of squills, digitalis and mercury. Half a grain of digitalis, one grain of squills, and three or five grains of blue pill, repeated and continued according to the state of the mouth.

Under this kind of treatment the effused fluid will often be completely removed; and the chest restored to its former state. I last week dismissed a lad from the Hospital in whom all this took place.

But in other cases, though the fever and the inflammation are at an end, and absorption of the liquid takes place, the parts within the thorax do *not* revert to their original condition. This we know by that shrinking of its dimensions on the side affected, which was described in the last lecture. This shrinking and narrowing is the *necessary consequence* of the absorption of the liquid, *unless* the compressed lung dilates again in proportion as the fluid is taken up. In most cases of this kind the lung *cannot* rise; being bound down by thick and firm false membranes; and then the deformity is irremediable, and lasts for life. If the lung is completely emptied of air, and enveloped by strong bands of lymph, so that it is permanently unable to admit air again—in that case, as the bony framework of the thorax can yield to a certain extent only, there will always remain, I presume, some liquid in the pleural cavity. If, again, the lung recovers a part of its lost volume, and *meets* the contracting parietes of the chest, adhesion may take place, and the cavity of the pleura be obliterated by thick layers of false membrane. And other changes are apt to arise in the lymph which is adherent to the pleura in these cases of imperfect repair. Sometimes tubercles form in it. Sometimes ossific matter is deposited. I show you a fine specimen of this kind of ossification of the pleura. There is yet another supposable case: the investing adventitious membrane may be thin, and weak, and yielding; and though the lung may not expand to its full dimensions at first, it may gradually force its way against the binding power of the coagulable lymph, and then the external configuration of the chest may be restored, and the symmetry between the two sides return. That this sometimes takes place I cannot doubt; but I have only once met with a case in which the dwindling of the side was *entirely* recovered from. In May, 1834, I was asked to see a child four years old, who had had cough, and wasted to mere skin and bone, after scarlet fever. I found the whole of the right side of the chest perfectly dull on percussion, and no respiration could be heard on that side. He was taken by his parents into the country, and I did not see him again for some weeks. He then had ceased to cough, and, in a great measure, had regained his strength; but he presented, on the side which had been dull, the most marked and complete example I ever saw of the sinking in of the ribs, flattening and shrinking of the chest, and depression of the shoulder, which denote by-gone pleurisy and

diminished size of the lung. About a year from the occurrence of the original disease his father brought him to my house, that I might see the change which had again taken place. The boy was plump and rosy and in perfect health; the right side of the chest was as full and round as the other; the symmetry of the two sides was completely restored; the breathing perfect and natural; and the sound on percussion hollow. His father, to whom the former shrunk state of the side had been pointed out, told me that he had watched, with deep interest, the process of recovery, and that it had been very *gradual*. Whether after once having subsided, the ribs ever quite return to their natural position in the adult subject, I do not know. I have never seen that happen.

There are yet other cases in which the effusion continues and increases, and the side, instead of shrinking, enlarges; the functions of the lung on that side are entirely abolished; nay, the use of the remaining lung is greatly interfered with, by the pushing over of the mediastinum; and the patient is in imminent danger of suffocation. In such cases, whether the effusion has taken place rapidly or slowly—whether the disease has been acute or chronic pleurisy—we must relieve the oppressed lung by *letting the fluid out*—by tapping the thorax; and the sooner that is done, when such a state of things exists, the better.

The operation is not difficult or formidable; but a mistake in the diagnosis may be *very* formidable. I have heard of two instances, one in Scotland, and one in this town, in which the operation of paracentesis thoracis was determined on to relieve the oppression caused by empyema: but the opening was made on the wrong side; and the patient in three minutes was, in each case, a corpse. There was effusion, which had already put a stop to the play of one lung: and upon air being admitted to the surface of the other, it collapsed also, and immediate suffocation took place. I do not mention these mishaps to deter you from performing the operation. They both took place some years ago. Such a mistake would be unpardonable now. But I mention them to show the necessity of our being sure of our ground before we proceed to open the thorax of a living person. A surgeon told me very recently that with the sanction, and at the suggestion, of a physician, who understands auscultation exceedingly well, I believe, he passed a trocar into the chest of a patient; but no fluid followed, to the no small mortification of the physician. This proved to be a case of malignant disease of the lung; and fluid was let out afterwards by puncturing the thorax in another place, and much relief afforded; although, of course, the disease proved ultimately fatal. The surgeon informed me that he had suspected the true nature of the case, from observing a livid protrusion in front; which was, in fact, the specific disease making its way through.

You will take care, then, to survey the chest narrowly before you plunge a trocar into it. If you see by your eye, and ascertain by measurement, that one side is larger than the other; if the intercostal depressions be effaced on that side; if the whole surface affords a dull sound when percussed; if the side does not move at all, or scarcely moves during respiration; if no vibration can be felt on that side when the patient speaks; if no breathing can be heard in the corresponding lung; if the

heart be found beating in an unnatural place, down towards the left hypochondrium, or in the other direction on the right of the sternum ; and if, at the same time, the other side of the chest moves freely, sounds resonantly, communicates a thrill to the hand while the patient converses, and is full of *puerile* respiration ; then you may be sure that the larger side is distended with fluid.

But it does not follow that you should, therefore, open that side. The propriety of doing so will depend upon circumstances.

In my judgment, that operation ought never to be performed unless the life of the patient is, or seems to be, in jeopardy, from the continued presence of the liquid within the thorax.

Now life is plainly in jeopardy when the vital functions of the lungs, or of the heart, are greatly hindered ; when symptoms present themselves of approaching death by apnœa, or by syncope. If we discover no cause for these symptoms, except the increasing pressure of liquid pent up in the pleura, we are warranted in ascribing them to such pressure, and bound to act upon that persuasion. Whenever, with the physical signs of abundant effusion, we have great labor and distress of breathing, an anxious and livid aspect, a tendency to delirium—or extreme faintness, and a vanishing pulse—there is no time to be lost : it is our duty to propose and urge the mechanical removal of the pressure which must else be fatal.

Again, when the patient, without suffering much dyspnœa while he lies quiet, is yet evidently losing ground from day to day, and early death by asthenia appears, without the operation, to be inevitable ; and when all other means for getting rid of the imprisoned liquid have failed ; and when no other condition of disease, or of advanced age, exists to account for the progressive sinking : then also, in my opinion, the patient should not be denied the *chance* which the operation may afford.

Thirdly, whenever (no matter how we ascertain the fact) the effused liquid consists of *pus*, it should be let out.

In either of these three predicaments, and in no other, should we be justified (as I think) in making an opening into the living thorax.

But I wish to be understood as giving you simply the impression which my own experience has made upon my own mind. I know that some practitioners recommend the early employment of the trocar ; while (they say) the false membranes, which are apt to prevent the collapsed lung from expanding again, are yet tender and unorganized. But surely we should risk much, and gain nothing, by admitting air into the pleura while the inflammation is still in progress. Most cases of mere pleurisy with effusion do well. The mortality from uncomplicated pleurisy is exceedingly small. It would, I fear, be vastly augmented if every patient having manifest effusion were to be tapped. The danger of the operation is this ; —that it may, and probably will, induce suppuration, or cause the effused liquid to become putrid. Generally the effusion consists of serous fluid, which is at length spontaneously re-absorbed : the lung expands again, or the walls of the chest shrink inwards : and the ultimate state of such a patient is as good as it probably would be after a successful tapping.

To make assurance doubly sure, it is always right, before proceeding

to the operation of paracentesis, to adopt the expedient first suggested and adopted I believe by Dr. Thomas Davies, of trying the chest by means of a grooved needle; making a tentative exploration of the nature of its contents in that manner. The passage of this little instrument—like the dismissal of a pilot balloon—affords information which is useful in guiding the particulars of the subsequent operation. It not only ascertains that there really is liquid within the pleura, but it discovers the kind and quality, and exact place, of the liquid. If it be serous, it will flow readily along the groove, and trickle down the patient's side. If it be puriform and thick, it will not exude so freely, but a drop or two will probably be visible at the external orifice; and when the needle is withdrawn, its groove will be found to contain pus. In the former case, it is possible that there may be no false membranes; in the latter they are likely to be thick. You would use a larger trocar to evacuate the thicker fluid.

The puncture thus made is quite harmless; and inflicts very trifling pain. Dr. Davies gives this useful piece of advice in respect to the trocar, that its point should be *sharp*: for otherwise, after the serous membrane has been penetrated, if there happen to be thick, tough layers of coagulable lymph, not very closely attached to the costal pleura, they may be driven before the instrument, and so the liquid will not be reached, but the operator will be perplexed and baffled.

[To be continued.]

A GLANCE AT MEDICINE IN PHILADELPHIA.—NO. II.

To the Editor of the Boston Medical and Surgical Journal.

ON Wednesday, 27th October, 1841, I took up my residence for the first time in the City of Brotherly Love, at a private boarding house, corner of Eighth and Walnut. Although I was furnished with several introductory notes in New York, I first sought some of my invalid acquaintances, and through them their family physicians. As my *real* object, however, in visiting the city was the acquisition of medical science, whether gained in private conversations, lectures, hospitals, libraries, museums or medical clubs, I soon abandoned all formality, and without hesitation made my own introduction when it was not perfectly convenient to obtain the medium of others. As my name and residence had become generally known to the physicians through the frequent visits of their patients to the Springs, credence was readily obtained, and thus needless formality avoided. During an abode of three weeks, I was made unceremoniously a guest in the families of several, and at many of their private libraries and offices, and was admitted to various hospitals and to courses of public and private medical instruction. I was also politely invited to several medical and scientific clubs, of which it may be proper to speak in this place.

All the MEDICAL CLUBS I attended were very similar. Some dozen medical men associate and meet once a week at each others' houses in rotation, after the labors of the day are over. The interview occupies say

from 8½ to 10½ P. M. The only absolute rule that was apparent was that the refreshments should be rigidly limited as to variety. Cakes, coffee and tea and biscuit comprised the whole. This, having been long and fully settled, exempts the family from trouble, and leaves the host entirely at his ease and enjoyment. Indeed there is not the least awkwardness nor embarrassment in the host's attending to an incidental call. These circles were the scenes of easy medical and scientific chat, without stiffness or any sort of friction from regulations; a place of relaxation and mutual information respecting the subjects that would naturally interest a set of scientific professional men. The friendly feelings generated and enhanced by these meetings must serve greatly to lighten the anxieties and cheer the labors of the members of the circle. There was not the least formality and no organization. Each one came and went without ceremony.

I am thus particular respecting these clubs, because I have long been an advocate of their use in other cities and villages. There is scarcely a village so small in New England that some dozen men might not spend a couple of hours, once a week or fortnight, in unceremonious conversation on miscellaneous subjects. In cities, physicians can do this. It cannot be denied that many clubs have failed. But, on inquiry, the cause of failure will be found in nearly every instance in the one fact that the entertainments were not limited, exactly and scrupulously, at the commencement. This fault is not chargeable to the selfishness, but the generosity of the members: and if their families were never sick, nor servants difficult to be procured, the failure would not occur.

The **WISTAR PARTIES** in Philadelphia are held every Saturday evening through the winter, and are on a different basis. No person can be a member unless previously a member of the American Philosophical Society. This renders it, "per se," a society of distinction. They meet from house to house, each member bringing a stranger of proper character if he chooses. No ladies attend. Among the distinguished Philadelphians present, I was proud to see a very full representation of our own profession. The supper table was very sumptuous for a scientific body, and I deeply regret to say that various kinds of wine are yet placed on the table. Would these noble-looking men, with their bright faces, eloquent lips and glowing sentiments, be more likely to withdraw from these social gatherings if the wine should be dismissed and the multiplied hospitalities of the supper table be reduced to a simple repast? Do I wrong these men, to whom I stand indebted as an obliged guest, by supposing that, if the secret thoughts of all their hearts could be read, it would be found that these fellow citizens of Franklin disclaim all connection between wine and science, and heartily wish them divorced?

Before dismissing the subject of clubs, indulge me in saying a word about a medical association in Hartford County, Conn. About 17 years since, several high-minded physicians in that county constituted themselves into an election society under the name of the Hopkins Medical Association, to embrace all in the vicinity who seemed worthy and desirous of membership. The terms of election were made so rigid that it was next to impossible for a dishonorable man to gain admittance. They

have met ever since, once in four months, or three times a year. At first they went from house to house in rotation. But the remoteness of some of the meetings from the city, the occurrence of an occasional stormy day, and the liability of sickness in the family of the host, nearly destroyed the club.

At this juncture an intelligent manager of a public house in Hartford, considering that, owing to the peculiar engagements of physicians, the distance of many, and stormy days, he could scarcely have an average attendance of over half of the enrolled members, offered to give them a plain, substantial supper three times a year for one dollar a member per annum! By this arrangement the public house receives say forty dollars a year for about as many meals, and some pretty little perquisites from horse-keeping, &c., so that they have given the club a large sitting room and a meal three afternoons a year for several years, and have never complained. This arrangement could only have been accomplished in Yankee land, but there it may be done in many other cities and villages: and if both parties are as happy as they have been in this case, they never will regret the undertaking. The elective nature of the Society has had a palpably beneficial effect on the profession out of the club, in restraining them from dishonorable practices; and those within are clearly much benefited by the social and scientific exercises of the club. Each meeting has an organized session before supper, devoted rigidly to medical discussions and improvement: social pleasures succeed. I commend this Society to the consideration of the leading men of our profession in the many localities in our country that are populous enough to admit of such association.

But, omitting the further discussion of clubs, let us pass to a different topic; viz., the *comparative respectability of the medical profession* in Philadelphia. I admit, most fully, the fallacy of first impressions. I know how differently men and things appear after a year's acquaintance and observation. Still I am confident there can be no cause for reconsideration in asserting that our profession hold a very high rank in that city. Consider that there are three flourishing medical colleges in the very heart of the city, and near each other, either of which would stand high in any part of the country. About the first of November from seven hundred to one thousand medical students and strangers are, all at once, to be seen traversing the streets and inquiring for the various medical offices. This noticeable influx of strangers makes its proper impression on the citizens. It is a matter of commercial and social interest. These students scatter into many families, and medical men and medical subjects become legitimate matters of discourse. They spend the winter, and leave to the boarding-houses, lecturers, book-sellers, merchants, private teachers, &c. &c., many thousand dollars. Even strangers can see that medicine is a subject of general interest in Philadelphia. When comparing these flourishing medical schools with literary colleges, law schools and theological schools, the difference often appeared marvellous. What other distinction has this city achieved except in medical science? But, here, all is enthusiasm—all spirit. Even men who are not public lecturers, receive large sums for private instruction. To accommodate students rooms are

handsomely furnished with libraries, apparatus, models, &c., in various parts of the city, and thus a promising corps of future lecturers are already in the harness. If we inquire how came the Philadelphians by these substantial perquisites, the answer is obvious; that it was because a band of distinguished medical men, whose names are familiar to all, took the lead of the whole country in medical instruction, and have managed, by means of their excellent institutions and successors, to keep it. This is the simple and undoubted reason. Professor Chapman said, in his introductory, that no European physician could gain solid footing in Philadelphia until he had abandoned all pretensions to curing his patients by foreign systems, and had adopted the prevailing practice of the city. And medical students that go abroad are forced to abandon mustaches, foreign frippery, and foreign systems, on their return, and adopt the methods and costume of home.

The dress, equipage and household arrangements of the physicians of Philadelphia comport with the elevation of their character. Indeed, from a slight acquaintance in Boston and New Orleans, and a very considerable one in New York, I think the medical men of Philadelphia are rather obnoxious to the charge of paying too great attention to these things. Their fees are very moderate, and complained of by themselves. I was told repeatedly that scarcely any man, however distinguished, charges over one dollar a visit in ordinary practice. This is the regular charge in such places as Albany, Troy, Utica and New Haven. In New York and Boston, men of similar distinction charge decidedly higher: one dollar and a half in Boston and two dollars in New York being the common charge of fashionable practitioners. It should be added that there are men in both these cities whose services are rewarded at a much higher rate, and justly; for the plain reason that men of inferior talents and responsibilities in other employments are compensated much more liberally than themselves. It did not destroy Sir Astley Cooper's acknowledged liberality in his profession that he accumulated a fortune. And who would think the worse of the distinguished men of Philadelphia, who have, by ardent toil and laborious perseverance, made their services indispensable to their wealthy neighbors, should they lay up a few thousands for old age? Is there any reason in the world why a physician or surgeon who renders services of an extraordinary value should not be compensated precisely as a lawyer or a merchant is in the same case? If an Astor or Girard could add a farm to his possessions by one mental process, should not a Physick or a Mott receive extra compensation for an equally supereminent, intellectual exertion? If every body says it is right for Daniel Webster to be munificently rewarded for securing, perhaps, an estate to a family by his great legal knowledge and power, shall it be pronounced mercenary if his neighbor, Dr. Warren, should receive a like generous gratuity for rescuing from death some beloved member of a family by his surpassing medical skill? I truly cannot perceive the difference. Oppression and hard-fisted exactions in our profession I deplore. Among the little or the great, they are an abomination. And, whenever a physician finds himself grasping at a higher *annual* amount of compensation than men of

equal talents receive in other employments, he may be sure he is wrong, and will be likely to bring reproach upon his own profession.

Constituted, however, as our ranks are, with at least double the number of practitioners needed in our country, the power of competition must repress extortion and forbid the hope of wealth among the members in general. The late Dr. Miner, of Middletown, Conn., used to say that four hundred dollars were an annual average income for the physicians in that county. The statement appears scarcely credible when it is remembered that each one must keep his horse and equipage. To those only who know something of the "get-along-ity" of the Yankee character, and the collateral aids they can secure, will the statement appear other than fabulous. The remainder next week. M. L. NORTH.

Saratoga, Jan. 22, 1842.

FISTULA IN PERINÆO AND ARTIFICIAL ANUS IN THE SAME INDIVIDUAL.

[Communicated for the Boston Medical and Surgical Journal.]

WILLIAM BAKER, aged 25 years, of phlegmatic temperament, was placed under my care by Dr. Bancher, of this city, April 10, 1839. He had been for two years the subject of several sinuses in perinæo, communicating with the urethra—as was evident from the free passage of urine through them whenever the bladder became distended with water. To prevent this annoyance, he was in the habit of using the catheter several times daily, never attempting to pass his urine in the ordinary way, as the least contractile effort caused it to appear freely through the sinuses in perinæo. Upon observing the large size of the catheter used, I was surprised to learn that he had never been the subject of stricture, either from venereal or any other cause. I found no reason to doubt his assurance that he had never exposed himself to such liability. On examination, I found three of the sinuses communicating very deeply with a more direct one, connected with the urethra, as near as I could judge in its membranous part. This was ascertained by passing a sound into the bladder, and a probe through the more direct sinus: three others being then passed through the lesser sinuses, whilst the sound was held in the left hand, the metallic touch was found continuous. Another probe being passed through a sinus, a second opening in perinæo was felt by the finger per rectum. The prostate gland was also much enlarged.

In the left groin a sinus was observed, through which feces had passed in small quantities daily for six months. During this period, the feces also passed in ordinary quantity per rectum. The history of this last sinus was unique. Six months previously an isolated point of inflammation was observed by Dr. Bancher, on the left side the raphe of the scrotum; this gradually travelled upwards till it stopped in the left groin, and then enlarged in a few days to the size of the double fist, when it broke spontaneously and discharged matter and feces. Three small sinuses communicated with both testicles. The general aspect of the patient was miserable; pallid and emaciated, he declared life to be a burden, and

eagerly desired anything that promised relief. The most judicious treatment, both local and general, having been pursued by Dr. Bancher, viz., wearing the elastic catheter, injections of nit. argent., iodine, sulphate of copper, &c., with iodine and other tonics internally, and all to no purpose, and finding the sinuses almost of cartilaginous hardness, I resolved to give him the chance of an operation; but feeling it due to the patient, I suggested a consultation.

Dr. Post being called, proposed that the operation for fistula in ano should first be done; this was effected in the ordinary way. A few days afterwards, a sound being passed into the bladder, the patient placed as in lithotomy, all the sinuses were successively dilated, till the sound was met by the beak of the bistoury; when this point was attained, I passed my finger its entire length into the wound, and with the other in the rectum, found the prostate had been partially divided. The wound was dressed from the bottom, and a large gum-elastic catheter passed into the bladder. As soon as suppuration was established, porter, beef and quinine were freely given. The amendment was tedious; the patient pursuing the sedentary occupation of a fancy-store keeper, and breathing a close atmosphere. The artificial anus was constantly dressed with iodine. This was also frequently injected into the wounds, and pledgets of lint, saturated therewith, left as stimuli. In six months the patient completely recovered, and is now very robust. The artificial anus is closed. The sinuses in the testicles remain. The fistula doubtless originated in a scrofulous abscess of the prostate gland.

EDWARD H. DIXON.

New York, February, 1842.

TREATMENT OF NEURALGIA.

[FROM a review of a French work, by M. Valleix, on neuralgia, in the last No. of the British and Foreign Medical Review, we take the following remarks on the treatment of that disease.]

We now proceed to the consideration of the treatment of neuralgia, a subject which, notwithstanding its great importance, will detain us but a short time, because, excepting on one or two points, our author differs but little from the opinions of preceding writers. We shall begin with the *internal* administration of remedies; and here, at the outset, we would remark, that throughout the entire course of the work before us, M. Valleix does not once refer to the *purgative plan*. It is impossible that he can be ignorant of it, and equally so that he should be unaware of the success which has undoubtedly attended it in many cases, though it has failed in producing all the benefit that was once confidently anticipated from its employment. How the omission is to be explained we know not, but it is assuredly one of no small magnitude. Several years ago Sir Charles Bell reported in the Medical Gazette his success in the treatment of *tic* on this plan, the principal purgative being croton oil. He has noticed the subject at greater length in a late publication, and Dr. Newbigging has recently published a report on the same subject. Dr. Allnatt, in the little work on *Tic Douloureux* noticed in our last No., has

adopted the same mode of treatment, and, according to his report, with very great success. In some of these cases the croton oil would seem to have had some other (specific) effect, besides its general action as a purgative.

M. Valleix has no faith in the internal use of *narcotics* as a means of cure, having never met with a case in which the disease was removed by their employment. As palliatives they are of course extremely valuable, for in a disorder so painful, the most temporary relief is a matter of no little moment. The experience of practitioners in this country is, however, more favorable to this class of remedies, numerous cases being on record, which have been cured by the exhibition of various sedative remedies, especially the *belladonna*. Our author speaks very doubtfully regarding the efficacy of the *sesquioxide of iron*; he does not seem to have employed it himself, and objects to the cases related by other observers, that the treatment has generally been too complex to allow of any decided opinion being formed. Unquestionably this objection applies to the majority of published cases, yet several are on record in which the beneficial effect of the medicine could hardly be called in question. He takes a more favorable view of the celebrated pills of Meglin (composed of hyoscyamus and oxide of zinc, aa gr. j. in each pill), and believes that in many cases when the plan has failed, this event is to be attributed to the smallness of the dose, and the want of perseverance in the administration of the medicine. M. Meglin sometimes gave as many as from thirty-six to forty-eight pills a day without producing any bad effects—a somewhat wholesale mode of treatment!

When the paroxysms are decidedly periodical, the practitioner will do well to make trial either of the *quinine* or *arsenic*; remarkable success has been obtained from both.

We have yet to mention one other internal remedy which has been employed with singular advantage in the treatment of the sciatic form of neuralgia, we mean the *oil of turpentine*. This means of cure has been most successful in the hands of M. Martinet, and though, like all others, it will often fail, it is certainly one that deserves particular attention. Professor Romberg speaks highly of it; he has not observed that feeling of warmth extending from the intestinal canal to the nerves, in successful cases, which is insisted on by M. Martinet. He prefers the form of *electuary*, composed in the following manner: R. Ol. tereb., 3j.; syrup. aurant. vel. mellis, ʒij. M. A tablespoonful twice a day.

If the taste be disagreeable to the patient, the following formula, recommended by Martinet, may be adopted: R. Ol. tereb., 3j.; magnes. calcin., ʒiiss.; ol. menth., gtt. viii. M. A bolus of the size of a hazel nut to be taken in a wafer (*pain a chanter*), three times a day.

In reference to the employment of external remedies, our notice must be almost entirely confined to one plan of treatment, which in every case where it has been employed by our author has been productive of great alleviation in the symptoms, and which has often succeeded by itself in effecting a cure; we allude to the application of a succession of small blisters over the points in the course of the nerves which are *painful upon pressure*. Many of the instances recorded in the work before us, in which this remedy has rapidly removed the pre-existing symptoms, are

of the most striking nature, and we earnestly recommend their attentive perusal. The plan is not altogether original; Cotugno employed one very similar; but the idea of singling out the particular localities where there is either the constant dull pain, or which are painful upon pressure, is, we believe, to be attributed to M. Valleix alone. He considers this method decidedly preferable to the use of irritating ointments to the denuded surface of the skin, which is often productive of intolerable pain, and has frequently appeared rather to aggravate the symptoms than conduce to a cure. The *endermic* employment of morphia may be attempted with advantage in some cases, but it is a painful remedy. Dr. Basedow has procured much relief from careful bandaging of the affected limb. (Romberg, l. c. p. 70.)

The *actual cantery* has been employed with success, particularly by M. Jobert, but we perfectly agree with our author that it should never be employed until other means, and especially blisters, have been tried and found of no avail. The same remark applies to *section* of the nerve, and the removal of part of its substance, both of which so frequently disappoint the expectation of the practitioner and the hopes of the unfortunate patient. M. Valleix has seldom employed *electricity*, and never with success.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 16, 1842.

ABDOMINO-PELVIC BISECTOR.

THE instrument mentioned below by our correspondent, is better described by the inventor than it could be by ourselves, and we therefore take the liberty of publishing his letter, hoping that the attention of the profession will be directed to its consideration. We invite our medical friends to call and examine the instrument for themselves. The inventor is Dr. H. G. Davis, of Worcester, Mass. The specimen before us is thought to be less perfect than it might be. If any one was willing to incur the expense, it might be very highly finished. There may be more real importance attached to this simple contrivance than would at first be supposed. However, the communication places the matter in the right aspect.

"Its name," says Dr. D., "indicates its object, viz., to separate, as far as practicable, the cavity of the abdomen from that of the pelvis. It is effected at the superior aperture, by a narrow pad pressing in immediately above the pubis. The plan of the instrument I believe is new, at least so far as my knowledge extends; it not only affords immediate relief in bad cases, but puts the parts in a situation to contract readily, and thus effect a speedy cure. I have used it for several months, and in a number of bad cases. It has answered my highest expectations; so much so, that I cannot conceive of any instrument accomplishing the object more perfectly. It acts as a valve to shut off the contents of the abdomen from those of the pelvis. It is not uncomfortable, it will retain its place when properly

applied, without the aid of the strap around the body, and is of easy adjustment and application.

"If the instrument is applied by a physician, to anything like a bad case, the spring should be placed upon the left side, brought up to the hip, and as low down as the pubis, the centre of the pad corresponding with its symphysis; the practitioner (being seated at the time, with the patient standing in front and rather to the right of him) can with his right hand carry up the uterus as high as the vagina will permit, while at the same time with his left, he brings out and down the front pad; he then, with the back of his left hand, can press up the integuments of the abdomen, while he brings the pad back to its place close above the pubis, when both hands may be removed. By raising the integuments, the pad is kept down to the pubis.

"The same directions are applicable should the patient apply the instrument, with the exception, that her position should be such, that gravity will supply the office of the right hand of the practitioner. For this I usually direct them to put it on in the morning before raising the body to an erect position, and after having lain with the hips upon a pillow some half hour or more, then to flex the limbs upon the knees at right angles, and raise the hips as high as possible while applying the instrument. But where there is no objection, it is better to be done by a practitioner the first time, and then the patient will be able to do it understandingly.

"The case which led me to contrive this instrument, was one of rare occurrence, and of great interest to me. It was a laceration of all but the peritoneal coat of the neck of the uterus; it did not unite, but remained ulcerated for four years."

Doings of the Cortland County (N. Y.) Medical Society.—We simply republish, to-day, the late transactions of the Cortland County Medical Society, with a view to making some additional comments hereafter. They are connected, as will be seen, with proceedings which have before been referred to in the Journal.

The annual meeting of the Cortland County Medical Society, was held at Bowen's Tavern in Homer on the 19th January, when the following persons were chosen officers for the ensuing year:

Dr. Miles Goodyear, *President*. Lyman Eldridge, *Vice President*. Geo. W. Bradford, *Secretary*. Phineas H. Burdick, *Treasurer*. M. A. Webster, A. B. Smith, G. W. Maxson, E. H. Barnes, H. Wiggins, *Censors*. F. Hyde, *Librarian*. F. Hyde, *Delegate to the State Medical Society*.

Voted, That the following be added to the by-laws of the Society, viz.: If any member shall institute a prosecution against another member of this Society, for mal-practice, before he shall have submitted the same to an annual meeting of the Society and given thirty days' notice to the accused of his intention, before said accusation shall be made, and shall have obtained a vote of two thirds of the members present, declaring the same to be mal-practice, he shall be expelled from this Society.

The following resolution was presented, discussed, and laid over to the next meeting of the Society, for the reason that the presiding officer, Dr. A. B. Shipman, refused to put the question when the resolution was moved and seconded, and also refused to leave the chair when requested to do so, when it was well known to the Society that there would have been an almost unanimous vote in favor of the resolution.

Resolved, That on review of the facts in relation to the prosecution by Wm. Smith, against Drs. Goodyear & Hyde for mal-practice, we have as yet seen nothing to diminish our confidence in their skill as practical surgeons.

Voted, That the proceedings of this meeting be published in the papers of this County, and in the Philadelphia and Boston Medical Journals.

G. W. BRADFORD, *Sec'y.*

M. GOODYEAR, *Pres't.*

Phrenological Journal.—After a suspension of some months, a No. of the 4th volume of this well-conducted Journal (formerly edited by Dr. Nathan Allen) has appeared. It now comes from New York, instead of Philadelphia, and is edited by Mr. O. S. Fowler, also its proprietor. Since it is the only journal devoted to phrenological science in the United States, it should certainly be well sustained. Mr. Fowler is solely devoted to the interests and progress of the doctrine which he advocates through the instrumentality of this publication. He is earnest, yet always clear, modest and consistent—and impresses his readers with a conviction of the importance of studying for themselves the great truths brought to light by this system of mental philosophy.

By-laws of the Medical Society of the State of New York.—Some one has kindly remembered the Journal with a copy, which it is very convenient to have here in Massachusetts, it being an excellent medical directory of the State of New York, though it must be far more valuable to the members at home. At the annual meeting of the Society, held at the Capitol, February 2d, Drs. C. R. Gilman, of New York, and L. J. Tefft, of Onondaga, were elected permanent—and Dr. Isaac Hays, of Philadelphia, and Dr. J. V. C. Smith, of Boston, honorary members.

Total Abstinence from Food.—Dr. F. A. Bully, Surgeon of the Reading County Jail, Eng., was so thoroughly duped by the impostor Bernard Cavanagh, as to have almost induced the vulgar public, not many months ago, to believe that he lived, and thrived too, without any sort of aliment whatever. However, when the abstinent was sent to prison, as a vagrant, the surgeon instituted a series of critical observations, which finally led to a detection of the imposition. Among other marvels, Cavanagh pretended to secrete no urine. Gruel was placed at the cell-door daily; and to make up in measure for what he drank, he substituted urine. A urinous odor in the vessel put the surgeon on the right track at last, although the prisoner, on the ninth day from his commitment and the fourth in the cell, was greatly reduced in strength.

Candidates for Surgeoncies in the Navy.—Mention has heretofore been made of the fact that there were not medical officers enough in the naval service to supply all the government vessels. It is now said that a board of examining surgeons will convene in April next, to examine candidates for admission into the medical staff. They must send their names to the Secretary of the Navy, at Washington, who will inform them where and when to meet the board. A degree is required, to begin with.

New Publications in England.—A sixth edition of the *Elements of Medical Jurisprudence*, by J. B. and T. R. Beck, brought down to the present period, including the notes of Drs. Dunlop and Darwall.—Parts II. and III., *Cruveilhier's Atlas of the Anatomy of the Human Body*, in a small quarto size.—*Elements of the General and Minute Anatomy of Man and the Mammalia*, by F. Gerber, Professor of the University of Bern.—*Gramham's Elements of Chemistry*, including the application of the science to the arts—Part VI.—*Nature and Treatment of Stomach and Urinary Complaints*, by William Prout, M.D., 3d edition, with six engravings.—*Practical and Operative Surgery*, with 150 wood engravings, by Mr. Liston, 3d edition.—*Elements of Natural Philosophy*, with 230 wood cuts, by G. Bird, M.D.—*Pathology and Diagnosis of Diseases of the Chest*, 4th edition, with important new matter and Plates, by C. J. B. Williams, M.D.—*A Treatise on the Nature, Causes and Treatment of Erysipelas*, by T. Nunneley, of the Leeds Med. School.—*A Manual of Practical Midwifery*, with wood engravings, by James Reid, M.D.—*Prescriber's Pharmacopœia*, a small 32mo.—*The Anatomist's Vade Mecum*, 150 illustrations, by W. J. E. Wilson.—*Principles of General and Comparative Physiology*, 2d edition, enlarged, with numerous figures on steel and wood, by W. B. Carpenter, M.D.—*Muller's Physiology*—6th and last part, with numerous engravings on wood and two steel plates, translated by Dr. Baly.—*A Treatise on Strictures of the Urethra, &c.*, 2d edition, much enlarged, by James Arnott, M.D.

Medical Miscellany.—A surgeon in England applied a leech to the nostril of a little child, which crawled in beyond his reach, and at last dates no bad consequences had followed—it being presumed that it had been swallowed.—Much sickness has been suffered at Macao—which was a kind of influenza, that carried off the Chinese as well as Europeans.—One case of yellow fever was reported recently at New Orleans.—A sort of epidemic sore throat is now quite prevalent, the physicians say, in New England.—Dr. Aldis, of London, expresses his regret that a *respirator* society has not been organized upon the plan of the Truss Association—which latter is probably made up of truss-makers.—Intelligence is received of the intention of Mr. George Combe to revisit the United States—not for phrenological purposes, but to regain his health, now much impaired.

TO CORRESPONDENTS.—The communications of Dr. Southworth, and of a "Western Physician," are received.

MARRIED.—In Boston, Dr. John Tooney, of Chelsea, to Miss M. Sanderson.—At Salem, Mass., Benj. Cox, Jr., M.D., to Miss S. A. Daland.—At Salisbury, Conn., Asahel Humphrey, M.D., to Miss Victoria Lyman.—In Baltimore, Lewis Roper, M.D., to Miss Robina Francis.

DIED.—At New York, Wm. Cheyne, M.D.—At St. Armand, L. C., Dr. Calvin May, 76, a native of Massachusetts.—In Warren County, Mobile, Dr. Jones—murdered.

Number of deaths in Boston for the week ending Feb. 12, 44.—Males, 23; Females, 21. Stillborn, 2. Of consumption, 9—debility, 2—old age, 2—lung fever, 7—accidental, 1—rheumatism, 1—scarlet fever, 6—disease of heart, 2—dropsy, 1—smallpox, 1—bronchitis, 1—brain fever, 1—drowned, 2—teething, 1—jaundice, 1—complication of diseases, 1—cancer, 1—inflammation of the bowels, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. Jan.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks
	Sun P.	2 P.M.	Sun S.	Sun P.	2 P.M.	Sun S.			
1 Satur.	14 24 28	29.55	29.44	29.40	S W	Cloudy	Beautiful sunrise.		
2 Sun.	33 39 37	29.00	28.90	28.91	S W	Cloudy	Aurora borealis.		
3 Mon.	6 12 14	29.24	29.33	29.43	N W	Fair			
4 Tues.	16 34 32	29.25	29.10	29.15	S E	Fair	Snow storm commenced at 3 1-2, A. M.;		
5 Wed.	18 20 18	29.54	29.68	29.75	N W	Fair	fall of snow 2 inches.		
6 Thur.	4 20 22	29.94	29.83	29.76	S W	Cloudy	Snow and rain in the night—26 inch rain.		
7 Frid.	40 42 39	28.99	29.04	29.11	S W	Cloudy			
8 Satur.	23 32 34	29.61	29.63	29.60	N W	Cloudy	Snow in the night.		
9 Sun.	38 42 38	29.25	29.34	29.52	N	Fair			
10 Mon.	34 36 36	29.70	29.63	29.63	N W	Snow	Fall of snow 1 1-2 inches.		
11 Tues.	22 29 31	29.62	29.47	29.38	N W	Cloudy			
12 Wed.	26 32 30	29.17	29.15	29.15	S W	Fair	High wind.		
13 Thur.	6 C 8	29.45	29.58	29.64	N W	Fair	Therm. at 9 o'clock, 2°; at 8, 4°.		
14 Frid.	10 38 38	29.49	29.13	29.10	S W	Cloudy	High wind.		
15 Satur.	32 34 30	29.13	29.14	29.17	W	Fair	Snow squalls. Aurora borealis.		
16 Sun.	18 23 29	29.26	29.27	29.28	N W	Fair			
17 Mon.	20 34 36	29.42	29.40	29.36	S W	Cloudy	Beautiful sunset.		
18 Tues.	32 50 47	29.44	29.52	29.52	S W	Fair			
19 Wed.	36 54 52	29.47	29.40	29.39	S W	Fair			
20 Thur.	37 54 50	29.32	29.25	29.23	S	Fair	Halo around the moon.		
21 Frid.	48 48 36	28.89	28.68	28.70	S W	Rain	Snow in the night—barom. 28.62.		
22 Satur.	24 29 24	29.10	29.16	29.23	W	Fair	Beautiful sunset.		
23 Sun.	9 13 16	29.64	29.73	29.75	N W	Fair			
24 Mon.	0 18 19	29.93	29.92	29.89	N W	Fair			
25 Tues.	20 36 34	29.55	29.40	29.34	N W	Fair	Halo around the moon.		
26 Wed.	26 43 40	29.26	29.19	29.14	S W	Fair	Beautiful sunset.		
27 Thur.	31 30 27	28.83	29.08	29.27	S W	Fair	Snow squalls and high wind.		
28 Frid.	20 32 32	29.73	29.65	29.60	N W	Fair	Snow in the night.		
29 Satur.	42 50 48	29.32	29.25	29.25	S W	Fair	Rain in the night.		
30 Sun.	42 46 43	28.99	29.10	29.21	S W	Fair	High wind.		
31 Mon.	34 47 49	29.35	29.09	29.02	S	Rain	Snow commenced at 1-2 past 1.		

The month has been unusually mild and pleasant; very little rain has fallen, and scarcely any snow. The thermometer has ranged from 4° below zero to 54° above—range 58°; average of extremes, 29°. Barometer ranged from 28.62 to 29.93. The amount of snow not exceeding 5 inches; water, 1.25 inches. The month closed with a severe storm, with south wind, quite warm.

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Woodstock, January 1st, 1842.

Jan. 5.—3m

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, FEBRUARY 23, 1842.

No. 3.

MEDICAL FALLACIES.

EXTRACTS FROM AN UNPUBLISHED WORK ON MEDICAL LOGIC, BY A WESTERN
PHYSICIAN.

[Communicated for the Boston Medical and Surgical Journal.]

NOTE.—The author, from a sincere conviction that the present rage for theory, and system founded upon hypothesis, required the restraining influence of observation and reason, has been anxiously looking to the acknowledged authorities of the profession for a guide-book—one designed to direct the mind to the proper method of investigating truth—a light shining in a dark place—a law and rule to govern and measure with precision every possible system of medicine. Such a production he has not yet found; and it is believed that, with the single exception of Sir Gilbert Blane's Treatise, styled "*Elements of Medical Logic*," which is almost extinct, no work of the kind has ever issued from the English or American press.

Several departments of natural science have been fixed upon certain principles which cannot be altered—upon bases which are immovable. The prevailing facts and doctrines of astronomy, in all human probability, will abide without alteration to the end of time, for they are founded upon truth—upon unalterable *law*. Cuvier's classification of the animal kingdom has rendered zoology a perfect science—has imparted to it *system* and *certainly*; and the *Norma Verticalis* of Blumenbach, aided by the rule of Owen, is a great key in making physical researches touching mankind, without which anthropology would be devoid of any system. The same observation is applicable to philological researches. The many thousand languages of the world, by the indefatigable labors of Leibnitz, Klaproth, Abel Rémusat, and others, have all been arranged in a few families, and referred, upon philosophical principles, to one original language; and the mysterious hieroglyphics of Egypt have been so completely unravelled by the mighty mind of Champollion, that hereafter no complete inscription can be found that cannot be read according to the *system* which he has established.

We ask now, is there any universally acknowledged standard to which the labors of medical men can be brought, and by which they can be valued? Have we any agents by which the qualities of a theory can be tested? Have we any *Norma Medicalis*? We answer, unhesitatingly, we have not. True, we have the elements—but they are not *combined*—they are either scattered, or else *mixed* in such a disproportionate manner as to form rather a strange *compound*.

For two years past, the author has been contemplating a work of this kind. He does not flatter himself with the idea that it will accomplish the great end which he so ardently desires—the *fixedness and certainty of medicine*; but he hopes that it may call forth the talent of those who are better able than himself to do justice to such an undertaking. In the preparation of the work access has been had to a number of popular works on logic, but use has been made chiefly of the excellent “*Elements of Logic*,” by Archbishop Whately; and it will be found upon comparison that many definitions, &c., are taken with little alteration from that work.

EXTRACT FROM THE PREFACE.

Definition.—A fallacy is an unsound mode of arguing, bearing resemblance to sound argument, which appears to demand our conviction, and to be decisive of the question in hand, when in fairness it is not. All fallacies may be reduced to two general classes, *logical* and *non-logical*.

A *logical* fallacy is one in which the premises are correct, and the reasoning wrong. An *illogical* fallacy, one in which the premises are wrong, and the reasoning and conclusion either correct or incorrect.

Both classes are discoverable in many of our systems of medicine, and it is highly important that the physician, and especially the young student of medicine, should be able to detect the ingenious sophistry which is so often presented to their minds as sound argument. This, it must be acknowledged, is often a difficult task, for the skilful sophist has the art of dressing up an unsound argument in such beautiful and attractive apparel that even the close observer is sometimes deceived by appearances. And here we cannot deny ourselves the privilege of borrowing a few remarks upon this subject from the excellent treatise of Whately. Speaking of the importance of detecting fallacies (*Elements of Logic*, p. 156), he says, “It seems, by most persons, to be taken for granted that a fallacy is to be dreaded merely as a weapon fashioned and wielded by a skilful sophist; or if they allow that a man may, with honest intention, slide into one unconsciously, in the heat of argument, still they seem to suppose that where there is no dispute, there is no cause to dread fallacy; whereas there is much danger, even in what may be called *solitary reasoning*, of sliding unawares into some fallacy, by which one may be so far deceived as even to act upon the conclusion thus obtained. By *solitary reasoning* I mean the case in which one is not seeking for argument to prove a given question, but laboring to elicit from one’s previous knowledge *some useful inference*.”

Fallacy is often difficult of detection.—“Fallacy will be the more likely to obtain reception, the more it is obscured and disguised by obliquity and complexity of expression; it is thus that it is the most likely either to slip accidentally from the careless reasoner, or to be brought forward deliberately by the sophist. Not that he ever wishes this obscurity and complexity to be perceived: on the contrary, it is for his purpose that the expression should *appear* as clear and simple as possible, while in reality it is the most tangled net he can contrive. The sophist suppresses what is *not* obvious, and uses every other contrivance to withdraw our attention from the quarter where the fallacy lies.

"Moreover, it should be remembered that a very long discussion is one of the most effectual veils of fallacy. Sophistry, like poison, is at once detected and nauseated when presented to us in a concentrated form; but a fallacy which when stated barely, in a few sentences, would not deceive a child, may deceive half the world if *diluted* in a quarto volume."

It is important that a fallacy should be opposed and refuted.—An unsound argument, when once detected, should never go unnoticed. It must be exposed and destroyed, or the cause of truth will suffer. "An unsound principle which has been employed to establish some mischievously false conclusion, does not at once become harmless, and too insignificant to be worth refuting, as soon as that conclusion is given up, and the false principle is no longer employed for that particular use. It may equally well lead to some *other* no less mischievous result."

CLASSIFICATION OF FALLACIES.

<p>CLASS I. Logical fallacies—the conclusion not following from the premises.</p>	<p>ORDER I. Purely logical.</p>	<p>{ Genus 1. Undistributed middle. " 2. Illicit process. " 3. Negative premises. " 4. Fallacy of more than three terms.</p>
	<p>ORDER II. Semi-logical.</p>	<p>{ A single genus (Ambiguity of middle term), having two species, viz. :—</p>
<p style="text-align: center;">I. INTERNAL. and II. CONTEXTUAL.</p>		
<p>Var. 1. Misapplication of an ambiguous word.</p>		<p>Var. 1. Fallacy of division and composition.</p>
<p>2. Placing cause for effect, and vice versa.</p>		<p>2. Fallacia accidentalis, &c.</p>
<p>CLASS II. Non-logical fallacies—the conclusion following from the premises.</p>	<p>ORDER I. Premises unduly assumed.</p>	<p>{ Genus 1. Petitio principii. " 2. False premises.</p>
	<p>ORDER II. Irrelevant conclusion. Ignoratio elenchi.</p>	<p>{ Species 1. Reasoning in a circle. Species 2. Assuming in proof, a proposition similar to the original question. Genus 1. Fallacy of objections. " 2. Fallacy of shifting ground. " 3. Using complex and general terms. " 4. Mistaking coincidence for causation.</p>

The foregoing table is taken from Whately—improved by the division into classes, orders, genera, species and varieties, and the addition of one very common kind of fallacy—the last one in the table—"mistaking coincidence for causation."

We shall now define these several fallacies, and then proceed to submit several theories to the test thus established,

[To be continued.]

A GLANCE AT MEDICINE IN PHILADELPHIA.—NO. III.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me in the next place to call the attention of your readers to the MEDICAL LECTURES of Philadelphia. To every physi-

cian who visits that city, these lectures cannot fail to be a matter of commanding interest. Every chair was filled during my residence there, and the professors in each of the three schools seemed, to aught that met the eye of a stranger, to be quite harmonious. After a most careful scrutiny and watching for the developments of character in my brethren who are thrown into the very rare position of three collateral faculties, almost within stone-throw of each other, appealing to the same public, commencing the same probationary exhibition of themselves in their introductions, on the same week, to hundreds of candidates who have not yet decided which faculty to patronize, depending on the impression they make on the young gentlemen what success each school is to share; under the excitement of all these caustic stimuli, I must say that, in the mass of these professors, I admired the magnanimity of their emulation. I said—"depending on the impression they make." I do not intimate that the impression from an introductory is final or omnipotent. The reputation of the Colleges and of their respective diplomas, has unquestionably more influence than the introductory lectures. But how long would the reputation of either faculty be predominant if its members should become remiss and repose on the laurels they have already acquired?

In judging thus favorably of Philadelphia competition, I do not profess to go behind the curtains. I purposely ground my remarks on what comes up to the eye of a stranger. Yet I strongly believe that, had there been much dishonorable juggling, trickery and finesse, in inveigling students from abroad to this office or that—to this or the other institution—it would have been apparent to the eye even of a stranger, who was admitted with the same freedom to their offices. I saw no such appearance. The style of the lectures, too, was generally of the right stamp. There was manifest, occasionally, an over attention to the turn of a period, to the polishing of a sentence, and to the introduction of sparkling thoughts. In one or two introductions, I thought there was something slightly theatrical in the manner of delivery. When we consider that, at each of the introductions, there are always enough auditors present, who have decided to belong to the same school with the speaker, stoutly to applaud by stamping with their canes, it is greatly to the credit of the lecturers that they so uniformly prefer the solid, useful and instructive, to the brilliant and far-fetched.

The introductory of Professor McLean, of the Jefferson College, was a thing wholly unique, and defied all classification. He appeared at his appointed hour in the amphitheatre, pale, emaciated and tremulous, from several weeks' severe prostration from malaria, encountered in his professional engagements on the banks of the Schuylkill. The lecture was in manuscript, as I believe were all the introductions. It was his first from the chair of a college. He first pointed to his auditory the faculty of the old college, many years ago, during his medical pupilage. The person, costume, manner and mode of lecturing of each professor was described so minutely that the various portraits were left with great distinctness on the memory. The large and attentive audiences of former days were depicted, and the deep silence and veneration of the pupils brought before us in glowing colors. In reverting to himself and to his own class, he

compared the acquisition of medical skill to the pursuit of the diamond. A thousand blows and many prolonged toils are required to break up the quarry; but when the gem was won and fairly placed on the brow, its distinguishing lustre could not be concealed nor obscured. So the deep-laid foundations of medical skill would be visible in a man's daily performances. As his chair was that of Midwifery, he illustrated the want of this diamond—genuine preparedness for the various emergencies of the practice—by introducing the young physician to his first important obstetrical case. He described minutely the young lady, her family, education, marriage, and her elegant mansion and apartments when settled in life and awaiting her confinement. He took his auditors into her private apartment and showed them what no man, not even her husband, had really seen, her drawer, her preparations, her dresses, &c., prepared for the little stranger. At length the nurse and doctor arrive, and the patient is examined. "All well." After some hours the face of the patient becomes flushed, the complaints are more urgent, the hand is frequently pressed on the head, and the usual expression, "I shall die," is heard. All these things appear common to the medical man. "But," said the lecturer, "did you hear her say 'my head aches'?" "No, you did not hear her say 'my head aches.'" From not observing this small circumstance, puerperal convulsions follow, and death closes the first important case of the young candidate for popular honors and employment, not wearing on his person the aforesaid diamond of professional skill. The description of this scene was so graphic that, though most of it was perfectly common, I cannot resist inserting this very lame representation, although at so great a distance of time. I do not know that Dr. M. will ever again attempt this graphic method. It certainly would not bear it frequently. Yet I do not believe that any of the introductories were heard with more deep abstraction than this. Towards the conclusion, he told the young men he would give them a secret. "Make yourselves useful, make yourselves necessary by the undisputed benefit of your services, and you may dismiss your fears about employment in any business." From the *irruption* of quotations from ancient and modern languages, it was evident that in the midst of a pressing business in the city, he contrived to preserve an intimacy with his silent companions on the shelves of his study.

There was one more lecture among the introductories, of a very different character, but equally *sui generis*, and more surprising. It was the very lecture, a part of which you have already re-printed in your Journal. Dr. Gibson's Introductory evinced a head that could plan and execute, and a heart that had the courage to ordain, laws for himself. The common conventionality of authors and lecturers were as cyphers in his estimation. He proposed for his subject his own autobiography, not only without acknowledging anything improper or unusual, but with the declaration that if a man did not publish his own merits nobody else would do it for him. He began with his early life, and conducted us to the day and hour of the lecture. It was an interesting biography, particularly to a medical class: and had it been told by another, it would have been heard with unmingled pleasure and admiration. During its

progress, I made many efforts to divest myself of all former notions of propriety, and to make myself believe that the man who had achieved such things in the surgical and medical world, and who evinced such undeniable proofs of genius, had not misjudged in striking out a new course for himself in interesting and instructing his class; and, although I have recurred many times in my recollections to the mingled emotions of amazement and applause which I experienced while hearing that lecture, I am still undecided whether Professor Gibson, in addressing six or eight hundred young men, many from the South and West (himself being a Baltimorean), did not gain as much by his unparalleled boldness and adroitness as he lost by his egregious aberration from the rules of modesty. I am sure Professor Gibson would not be offended should this sheet ever meet his eyes, because there was no concealment about his lecture. Its scope was explicit, avowed, without apology; nay, has been submitted to the public, I know not with what modifications by means of the press. He closed his lecture by a labored and most ingenious representation of the advantages of the venerable Institution in which he occupied the chair of surgery.

I purposely limit my specification of the lectures at the Colleges to these two. It would be very agreeable to enlarge on the varied excellences of these annual introductory lectures; but it would be taking liberties with your pages entirely inadmissible.

I shall trouble your readers with only one more topic, and that is **CLINICAL LECTURES**. In this particular, Philadelphia certainly stands pre-eminent. I know from personal inspections, often repeated, that the New York Hospital has many advantages for clinical lectures. The Boston Hospital, too, from its excellent arrangements many years ago, I must suppose to have kept on in the march of improvement. But the Blockley Almshouse, on the west side of the Schuylkill, contains a pauper population of from two to four thousand; and among these, I was repeatedly told that four hundred patients is a low number, exclusive of the maniacs. Imagine all these to be lodged in one range of buildings, on moveable beds; and on the same floor with these wards, and in a central position, a very large amphitheatre constructed with every contiguous convenience for operations and exhibitions, into the centre of which the patients can be brought with perfect ease on their beds. Suppose, moreover, that the whole of these patients are divided between the University and Jefferson College, each of which Institutions has its own resident and consulting physicians and surgeons; and that these men, half on Wednesday and half on Saturday, select from their respective wards such groups of diseases as are most interesting, and exhibit them to their classes with the accompanying prescriptions and operations. Can such an arrangement fail to be useful? I have occasionally mingled in the groups of a clinical lecture, standing among the beds of the patients in a hospital. This is well when the circle of pupils is small. But at the Blockley, by means of the amphitheatre and the black-board, two hundred can share very well the advantages of a clinical lecture. While sitting in their seats, after the patients are carried out, the specimens of morbid anatomy, the result of recent dissections, are passed round to the

students, who can examine them thoroughly without the hindrance of the dissection, and contrast them with what they previously saw and heard of the disease. At each session about three hours are spent ; one half devoted to the surgical and one half to the medical clinique. The respective institutions are not confined to their own public lecturers in selecting a man for the clinical chair. At the time of my visit Dr. Gerhard was giving the medical clinique in the chair of the University or old school, at the Blockley Hospital, which post entitles him to the superintendence, as a consulting physician, of one-half of all the medical cases in the institution. This appointment was no leap in the dark. I cannot resist saying that I have never seen a physician who, I should fancy, would more resemble Dupuytren, in his habit of investigation, than this same Dr. Gerhard. I should imagine he had long taken up his abode in the hospitals of Europe. Like many of the medical aspirants of Philadelphia, he has served his time among foreign hospitals, and, I believe, by the side of Dupuytren. Slender and erect in his person, with a keen eye, and a face undoubtedly made thin by the midnight lamp, he assembles his group of patients in the middle of the theatre, with his auditors on seats rising around him, gives a clear and succinct description of the disease, enters most fully into its pathology, and with a familiarity and comprehensiveness that would surprise many a veteran practitioner who listened for the first time to a clinical lecture, comes up boldly to the diagnosis, specifying the seat and extent of the lesion, and clearly distinguishing it from its counterfeits ; evinces no reserve nor dodging while on the prognosis, and discusses the *methodus curandi* on a basis evidently eclectic and rational, and drawn from prolonged and accurate observations of the multifarious plans in Europe and America. Bating a slight bearing which I thought was apparent towards the expectant method of the French, the therapeutics of Dr. G. appeared to be such as our best practitioners in Boston, New York and Philadelphia would approve. So compressed and rapid are his statements and reasonings, that you have no chance for idling, but are dragged on, on to the end ; and you then feel that there is much that the young gentlemen must inevitably lose from their want of previous clinical experience and practical acquaintance with the subjects discussed.

From attending a single clinical lecture of Dr. Pancoast, from the Jefferson College, I think he may be set down as the opposite of Dr. Gerhard. Dr. P. is prolonged, exact, particular ; and seems resolved that his pupils shall never forget the facts of the disease in question, and the steps of his operations. These lecturers are both good, but yet very different in method.

Of Dr. Gibson, the collaborator of Dr. Gerhard, I have already spoken. Surgery is his passion, I am told, and he is quite at home and unembarrassed before the class. I incidentally learned that some of his pupils were offended and indignant at some of his moral allusions and intimations respecting their own tastes and habits while lecturing on the venereal disease. As I entered the room after the lecture commenced, I did not hear the offensive expression ; and from Dr. Gibson's high and commanding qualities, both as an operator and lecturer, I will not believe that he would

mar those shining talents by the exhibition of the underworkings of an impure heart. In a medical man it is bad enough, in all conscience, to be sure that you discover in him the turbid workings of internal defilement. But when a man of solid talents and high acquirements is understood to discover a relish for obscenity, and a desire to inflame rather than repress the head-strong promptings of young men, removed from the restraints of mothers, sisters and acquaintances, and thrown loose upon the purlieus of a wide city, it becomes us to pronounce the whole a mistake. How improbable that Dr. Gibson, in Physick's own chair, obtained by dint of his own merit, and retained by general consent, and feeling a strong desire for the honorable career of his pupils, should so far mistake his policy and his duty in lecturing to the north and south, east and west, as to allow one breath of suspicion to fall upon the purity of his taste or the integrity of his intentions.

As I have named three of these lecturers in the Blockley Hospital, permit me to introduce for one moment the only remaining one, Dr. Dunglison, of the Jefferson Medical College. There can be no mistake in saying of Dr. Dunglison's medical pursuits, he is "*totus in illis*." In addition to his private pupils and private practice, he promptly fulfils his hour four times a week in the College, and has the supervision of half the Blockley Hospital, besides his weekly lecture there. These, with the common *et ceteras* of a city life, would keep a man tolerably busy. But, in addition to this, he writes more books, as your readers well know, than any monk with the world shut out could originate; books, too, that the medical world demand to be re-printed again and again. "*Labor, ipse voluntas*." It is evident, Mr. Editor, that while the rest of us are asleep, this man is wide awake at his nocturnal labors; and yet he has the personal appearance of a well-fed, easy, plump, care-shunning body. Professor Dunglison's lectures are delivered with rapidity and clearness of enunciation, and I need hardly say they are rich and instructive.

It should be said, that, in addition to the Philadelphia Hospital, over the Schuylkill, just described, the original Pennsylvania Hospital yet remains in its excellence in the very heart of the city. So silent and clean and airy are its apartments, so urbane the officers and medical attendants, that I often felt constrained to loiter and seek retirement in the deep seclusion of its walls. Indeed, had I been taken sick in the city, I am almost certain I should have applied for one of its private apartments. It is scarcely possible for a public house to afford you equal comforts. The establishment occupies a whole square, and it is as still as a lodge in the wilderness. A change of medical officers occurred during my visits, and in addition to the requisite medical skill, these gentlemen, one and all, resident and consulting, manifested to me the most uniform kindness and urbanity. Capt. Marryatt and other Europeans have denominated the Blockley establishment the "*beggar's palace*," and none who have seen it can deny the propriety of the cognomen. But this old Hospital, with Penn's statue in bronze in the front yard, its tall ceilings, wide halls, ample library and apparatus, and all things so quiet and dignified, and even sylvan, is fit to be called the nobleman's nursery. Although the wards are not now very full, the mass having been consigned to Blockley,

yet even now there is an interesting field for pathological research and observation. The same mode of visits and lectures exists here as at Blockley, this institution being the prototype; excepting that the clinical lectures are delivered here by the bed-side.

Besides these two great institutions already described, there are I know not how many private institutions, dispensaries and specialties. I visited several, and found them coöperating in the great business of medicine. In short, the business of teaching and lecturing seems to be the favorite employment of the profession. There may be twice as many out of the three Colleges giving lectures and instruction as within them. Some may do this simply for its emoluments, or from attachment to the business. Yet there are three rows of professional chairs in plain sight, any one of which would be a post of honor to the younger members of the profession. In this way the Colleges, although they are not limited to Philadelphia, have a corps of candidates under their daily observation.

We see, then, that the foundations of medical science are deeply laid in this city, that its fame and emoluments are eagerly sought by men of commanding powers, and that their rewards are of no stinted character. For many years medicine must, in the nature of things, stand prominent in the City of Brotherly Love. She has disciples who toil over the midnight lamp through the love of their calling and a desire to see it exalted: from many such I have received, and beg to acknowledge, the cordial welcome and the liberal interchange of professional opinion; and I ask permission, in conclusion, to say that, could many of my readers, who have been absent from schools and lectures many years, spend two or three weeks—nay, a winter—in a medical pilgrimage to Philadelphia or other of our flourishing schools where clinical lectures could be attended, they would in my opinion find the sacrifice greatly to enhance their future respectability and usefulness.

M. L. NORTH.

Saratoga, January 29, 1842.

RUPTURE OF THE RECTO-VAGINAL WALL.

[Communicated for the Boston Medical and Surgical Journal.]

A RESPECTABLE Irish woman, in February last, had a recto-vaginal opening produced by the long-continued pressure of the head of the child in parturition. The account given me of the case was, that she lay in severe labor five days, when the physician in attendance was finally favored with the advice and assistance of an experienced physician and accoucheur (George Landon, M.D.), of this city, who determined on the use of the forceps; but on applying them (the common short forceps), he found that the head was so much tumefied that the instrument could not embrace it so as to afford much assistance. However, by the use of ergot and what manual aid could be rendered, she was at length delivered of a dead child. On the ninth day after delivery, it was announced that the fæces passed *per vaginam*. An examination by her physician being made, an opening was found between the rectum and vagina, as large as a half dollar, which he very properly attributed to sloughing produced

by the protracted pressure of the head of the child. In this perplexing case, the physician then called on me, and wished to know what course of treatment I should pursue in like circumstances. I frankly told him that I should unite the parts by suture if possible, as the most probable means of effecting the union. He declared it impossible, and I then heard no more of the case until the expiration of three weeks after her delivery, when I was called on to visit her. She being abandoned by her physician, I was requested to take charge of her case. I found that a sponge had been introduced into the opening, and an attempt made to confine it, by passing a string through it, one end of which passed out through the rectum, and the other at the vagina, and tied centrally over the perineum. This I supposed was introduced to prevent the passage of the fæces through the fissure. But this produced much pain; and failing in its objects, and operating prejudicially by preventing the union of the sides of the orifice, I removed it. The lower angle of the opening was about two inches above the verge of the anus. The vaginal discharges were profuse and offensive; and when united with fæces, as was generally the case, they were offensive in the extreme. The patient, in this miserable condition, demanded the best-directed efforts for her cure, if such cure was practicable; for to linger out a life in such a loathsome condition, would be more horrid than death itself.

Accordingly I left her a syringe and a mild lotion to cleanse the parts for a day or two, as well as to give me a little time to devise ways and means for applying the suture. On a little reflection I thought of a plan which I proposed to try. I took a short, though large, tailor's needle, armed with a waxed ligature. I then prepared a tube four inches long, of sufficient calibre to receive the needle and ligature by its side. A wire of the same length, and of a size to fill the tube, having a button on the end, completed the apparatus. In operating, the patient was placed on a bed upon her back, with her head raised a little, having her feet resting on chairs standing by the side of the bed. I seated myself before her, and then inserted the needle, eye downwards, into the tube, till the point was within the tube. I next inserted the wire from the other end of the tube until it met the needle, the ligature hanging from the point of the tube. The tube thus armed, held between the index and second finger of the right hand, with the thumb on the button of the wire, was introduced into the rectum until it met the forefinger of my left hand previously inserted into the vagina and through the opening. The point of the tube being slipped about half an inch from the edge of the fissure, against the inner side of the rectum, the finger of the left hand resting against the vagina opposite the point of the tube, with one effort of the thumb the needle was thrust through the rectum and vagina against my finger; with which the needle was directed downwards towards the vulva, resting in the vagina. The tube was then withdrawn, and the needle withdrawn through the vagina by being caught in a pair of dressing forceps. That end of the ligature which yet hung out of the rectum was then passed through another needle, and, with the use of the tube and wire, conveyed through the opposite side of the fissure, and brought through and out of the vagina as before. Both ends of the ligature now

hanging out of the vagina, including a portion of each edge of the opening, the operation was finished by tying the ligature, being easily tightened with the finger in vagina. In this way I inserted two interrupted sutures, which perfectly closed the opening. One portion of each ligature was cut off high up in the vagina, and the other left even with the vulva.

The ligatures came away in three weeks, leaving an opening scarcely admitting my finger. The edge of the orifice was now very thick and hard. Succeeding so well, I was encouraged to make another effort; and in the presence of my friend, W. M. Smith, M.D., late professor at Willsborough Medical College, Ohio, I pared the edge of the orifice with a curved probe-pointed bistoury introduced through the rectum (having all but three fourths of an inch of its cutting edge covered with oiled-silk cloth), and then brought the sides of the opening well together with one deep stitch as before. Very soon after the insertion of the last stitch, a large hæmorrhoidal tumor appeared externally, which gave her much pain. Did the obstruction of vessels by the ligature produce this? The ligature remained two months and came away, when the patient informed me that she was cured. She has repeatedly told me since that she was free from the disease, and she attends to her business as before.

It is perhaps worthy of remark, that this case presents considerations of interest to patients as well as to the profession. To the former it shows that although their diseases are apparently hopeless, yet by patient perseverance they may not be irremediable. To physicians it teaches the danger of so long trusting such cases to nature, when her efforts are so ineffective and slow in accomplishing her ends; and also the importance of the most persevering industry in curing diseases which, if left uncured, render their victims through life loathsome to themselves and revolting to their friends.

T. SOUTHWORTH.

Monroe, Mich., Jan. 26, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 23, 1842.

RAYMOND'S FRACTURE APPARATUS.

On two former occasions, we have endeavored to enlist the interest of surgeons in favor of Mr. Raymond's ingenious invention for the management of fractured limbs. It is gratifying to learn that some of the leading practitioners in western New York are testing its value. Dr. March, of Albany, is also making a trial of it. In the meanwhile we venture to publish a well-written letter upon the subject of the invention, from one who seems to understand precisely what the instrument is and what it should accomplish. The writer is Thomas Goodsell, M.D., of Utica, N.Y. Some of the improvements suggested by Dr. G. have been made, and others are in progress at the suggestion of competent judges, which are destined to enhance the already excellent properties of the machine.

"The modification and maintenance of position of the limb is important

to the speedy and perfect re-union of the fractured extremities of the bone: also the facility and safety with which the desired changes are effected is no small item of relief to the patient, and convenience to the surgeon. So far as flexion or extension of the knee is concerned, your running slides are exceedingly appropriate, whilst the general structure of the instrument is admirably adapted to assist the operator in carrying out his intentions as to the relative position of the fractured fragments, the proper length and natural direction of the limb, *which* during the curative process is well protected from superincumbent pressure, and also from injury from surrounding agents and ordinary casualties.

"The belt around the pelvis, rendered secure from rising by straps supported by the tuberosities of the ischia, provides a sure fixed point for counter-extension, and for the reception of the head of the external extending splint.

"The inguinal crutch upon the upper extremity of the internal splint, I apprehend, is objectionable; by its coming in contact, as it necessarily does, with important organs, and resting upon parts easily excoriated. Permit me, therefore, to recommend the substitution of an India-rubber cushion, adapted to, and by a deer-skin envelope made fast upon a curved spring plate, fixed upon the end of the splint; and further, I consider your mode of extension as being rational, simple and efficient, but susceptible of an important improvement, which I will suggest.

"As the necessity for extension is to counteract muscular contraction, which power seems to resist forcibly, even when a greater power than its own is *suddenly* applied, and yet yields kindly to a more preponderating one applied chronically and continually operative; therefore let a spiral spring of one quarter of an inch in diameter be embraced between two transverse metallic plates of half an inch in diameter, through the centre of each plate a hole to admit an unthreaded portion of the extending screws made somewhat less than the threaded portion, so that when run down for the purpose of extension it shall compress the spiral spring, and hence an undefined and elastic antagonizing power is created, and perpetually applied with preponderating force to that exerted by the muscles.

"With these alterations, I consider your apparatus competent to fulfil all the indications incident to that class of fractures for which it was got up. Besides several things new and important, it possesses all that is valuable in effect which appertains to every kindred instrument which I have used or seen for the purpose, from Dessault downward, and I would recommend it to the adoption of private practitioners, and to those engaged in our public hospitals."

Liston's Practical Surgery.—A second American edition of this able system, by one of the best living surgical operators, made its appearance last week from the correct press of Messrs. Thomas, Cowperthwaite & Co., Philadelphia, with additional notes and illustrations by Geo. W. Norris, M.D., one of the surgeons to the Pennsylvania Hospital. As a whole—paper, type and finish, to say nothing of the character of the matter—it is much like a thoroughly-made English book. A further value is imparted to this revised edition, by the introduction of one hundred and fifty wood engravings. The editor remarks in the preface, in regard to his own labors, which are engrafted on those of the author, now of universal renown, that he has restricted himself to adding a few brief notices

of the manner in which some of the more common surgical affections are treated with us, at the same time that he has called the attention to certain points which have been passed over lightly by Mr. Liston. Although Dr. Norris speaks very modestly of his own specific efforts to enhance the value of this excellent guide in surgical practice, we entertain the idea that he has really laid the younger surgeons under peculiar obligations for the manner in which he has made obscure points plain, and coupled the principles of American, with those of the best school of British surgery.

Our admiration is excited by the rapidity with which medical works of all classes and descriptions emanate from the different publishing houses in Philadelphia; they monopolize the manufacture of this class of writings—and we are glad that it is so, since they are so enterprising, judicious in selection, and faithful in mechanical execution. The new volume, to which these observations especially refer, may be procured at Messrs. Little & Brown's, Washington street, Boston—and so reasonable in price that every student can afford to own a copy.

Dr. Paine's Materia Medica.—One of the advantages of having this convenient little treatise always lying on the table, is, that a bird's-eye view is given in it of all the principal articles of the materia medica, in the fewest words, and in the real order of their medicinal value. This is the essential improvement which the author has made, and it makes the work a better book of ready reference than the more bulky ones, familiar to us all, on the same subjects. To understand what is meant by *the order of their value*, emetics, for example, are grouped together thus:—1st, ipecacuanha; 2d, tartarized antimony; 3d, sulphate of zinc—sulph. copper; 4th, squills—bloodroot; 5th, thoroughwort, &c. Ipecac. holds the first rank—in other words, it is the best of all the emetics used; tartarized antimony is the next best, and so on through the whole legitimate catalogue. Then follow the doses, both for adults and children, with excellent practical observations, of invaluable service to young physicians, and by no means of doubtful utility to old ones. In this summary way, we have endeavored to convey an idea of Dr. Paine's new book, without being tedious—all the while perfectly conscious that he has a claim to a far more extended notice than has yet been given by this or any of our neighbor journalists. Those who have happened to look into our copy, have uniformly remarked, "what a useful companion this must be." It is on sale at Ticknor's, Washington street.

Young Mother's Medical Guide.—Our old friend Dr. Alcott, who will certainly die when he cannot labor in the field of knowledge, is preparing a small work with the above title, that may soon be expected. He very judiciously explains to mothers how far they can safely dispense with regular medical advice—and under what circumstances they cannot. Notwithstanding some of the author's radicalism on the subject of dietetics, about which we differ in good temper, he is a worthy, excellent man, for whose character and motives we entertain the most perfect respect.

Homœopathic Imposition.—In one of the daily papers there is an advertisement by a homœopathic practitioner in Boston, which is looked upon

the *ne plus ultra* of quackery. For the credit of the true and honest practitioners of that system of medicine, this advertisement demands their speedy attention, if they have any anxiety in regard to being the supposed associates of one who manifestly is determined to get his bread in exchange for brass. The doctor says: "Being reluctant to have his name remain long in print, he will discontinue this advertisement after a few insertions"! Modest man! how such delicacy is to be appreciated in this age of bombast and self-esteem. "*New Homœopathic abdominal tonic, superseding the abdominal supporter,—cordially approved by ladies of the most distinguished families in Boston and vicinity.*" Dr. C.'s new homœopathic female medicines are daily and almost hourly called for by married and unmarried ladies of the same *intelligent class of society*"! We recognize gentlemen of the purest motives, and highly educated, who are heartily devoted to the doctrines of homœopathy, because they honestly and sincerely believe that it is the true mode of relieving the sick; and if they would have a discerning community think as well of them as we do, they are bound to discountenance such arrant quackery as this, or ultimately be identified with the same disreputable cause.

New Medical Works in London.—Physiology for the Public, by G. T. Hayden, Nos. 1 and 2.—Pharmaceutical Transactions.—Researches into the Causes, Nature and Treatment of the more prevalent Diseases of India, and of Warm Climates, 2d edition, by James Annesley, President of the Medical Board of Madras.—On Rheumatism, in its various forms, and on the Affections of the Internal Organs, more especially the Heart and Brain, &c., by R. McLeod, M.D.—Elements of Materia Medica and Pharmacy, by O'Brien Bellingham, M.D.—Diseases of the Heart, 2d edition.—Diseases of the Lungs, a tabular view, 2d edition, by O. Bellingham, M.D.—A Treatise on Dislocations, with 125 engravings on wood, by Sir A. Cooper, edited by Bransby Cooper.—The Natural Order of Diseases, a new synopsis, by R. Stevens.—The Philosophy of Mystery, by W. C. Dendy.—Practical Remarks on the Diseases of the Skin, on the external signs of Disorder, &c., during infancy and childhood, by the same author.—A Treatise on Diseases of the Eye, 2d edition, revised and enlarged, by W. Lawrence.—A Practical Treatise on Auscultation, by M. M. Barth.—Practical Essays, by Sir Charles Bell.—Elements of General Pathology, by John Fletcher, M. D.

On the Treatment of Old Fractures by Division of the Tendons. By Dr. DIEFFENBACH.—Dieffenbach has several times, in old cases of fracture of the patella or the olecranon, where the portions were dragged far apart, divided the adjacent tendons so as to be able to bring the portions together and, by friction of them one upon the other, to excite such action as might end in the formation of a shorter and firmer bond of union. In some cases considerable benefit was obtained after all other means had failed; in others the result was negative. Two examples are detailed; in one, an old ununited fracture of the ulna, he divided the tendon of the triceps, fixed the upper portion of the bone in its right place by a bandage, and every fourteen days rubbed it well against the lower one: in three months the union was firm. In another example, an old distantly united fracture of the patella, he divided the ligamentum patellæ and the rectus femoris about

three inches above the patella ; then, by an appropriate bandage and constantly drawing the separated portions more closely together, he obtained at the end of some months a complete hardening of the interposed substance, and a considerable amelioration of the patient's state.—*Brit. and Foreign Med. Review, from Casper's Wochenschrift.*

Cure of Slight Degrees of Squinting without Tenotomy. By DR. DIEFFENBACH.—When the strabismus is but slight, it often happens that after the division of one of the recti, its antagonist draws the eye too far in the opposite direction, and produces a strabismus only different in kind from that which existed before the operation. For these cases, therefore, Dieffenbach proposes, instead of dividing the muscles on the side *towards* which the eye squints, to cut out a portion of the conjunctiva from over the insertion of the muscle of the side *from* which it squints. The operation consists merely in raising up a fold of conjunctiva several lines wide with a pair of hooks, and cutting it off, with some of its subjacent cellular tissues, with a pair of curved scissors. The contraction of the cicatrix is sufficient to draw the eye into the straight position. In external strabismus, a larger portion of conjunctiva must be cut from over the internal rectus, than in cases of internal strabismus it is necessary to cut from over the opposite muscle ; because the former kind of strabismus almost always depends on weakness, the latter on excessive energy of the rectus internus.—*Ibid.*

Medical Miscellany.—Mrs. Elizabeth Chase, of Boston, 102 years of age, has good sight and hearing, and attends church regularly.—There are 79 men in Hartford, Conn., upwards of 70 years of age—the oldest being 99. The population, in 1840, was 12,793.—Surgeon W. M. Ward, U. S. N., is ordered to rendezvous at Baltimore, Vice Surgeon H. S. Coulter detached.—An epidemic disease amongst horses, spoken of heretofore, still exists, but a little ameliorated in character.—Dr. Hitchcock, of New Orleans, has recovered \$1000 damages for false imprisonment.—Assistant Surgeon H. D. Taliaferro, of the Navy, is ordered to the sloop of war Ontario, Vice Dr. S. W. Kellogg detached, on account of ill health.—Small-pox has appeared at Milledgeville, greatly alarming the inhabitants. A hospital has been provided and efforts made to circumscribe the spread of the disease.—One case of varioloid occurred last week at Reading, Mass. Cases have also appeared in the neighborhood of Pawtucket, R. I.—About forty persons have died at Toledo, Michigan, by ulceration of the throat.—Dr. Eldridge, who made such wide-spread noise in the world about a year since, in Philadelphia, is prosecuting banks, police officers, &c., for damages ; he was originally arrested for forgery.—A bill concerning the practice of physic and surgery, in Massachusetts, was committed last week to the committee on the judiciary.—A very fatal disorder, called the black fever, has recently made sad ravages among the rural population near Akendale, in Yorkshire, Eng.—A mode of preventing the effluvia from the decomposition of dead bodies, has been suggested by filling the coffin with plaster of Paris.

Number of deaths in Boston for the week ending Feb. 19, 40.—Males, 19 ; Females, 21. Stillborn, 1. Of consumption, 4—old age, 2—dropsy in the head, 2—child-bed, 2—lung fever, 7—disease of the brain, 1—canker-itch, 1—hooping cough, 1—scarlet fever, 6—apoplexy, 1—erysipelas, 1—croup, 1—intemperance, 2—inflammation of the bowels, 1—infantile, 3—convulsions, 1—brain fever, 1—complication of diseases, 1—unknown, 2.

DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Paregoric, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now fully acknowledged by the most eminent Physicians, Surgeons and Chemists, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSTON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHESSMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAN, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 481 Washington street; Smith & Fowle, 138 Washington street; Brewster, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to J. Balch, Jr. In Hartford, to E. W. Bull. In New Haven, to D. Smith & Co. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chesnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Hatfield & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particularly on the watch for M'MUNN'S Elixir of Opium, as there are base imitations in existence.

F. 9—3t

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Cateters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Ristouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

CASTLETON MEDICAL COLLEGE.

THE annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.

Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Theory and Practice of Medicine, by DAVID M. REESE, M.D.

Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.

Chemistry and Pharmacy, by WILLIAM MATHER, M.D.

Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.

Medical Jurisprudence, by WILLIAM F. RUSSELL, M.D.

Demonstrator of Anatomy, EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure true quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL, published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, or \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XXVI.

WEDNESDAY, MARCH 2, 1842.

No. 4.

DR. WATSON ON THE TREATMENT OF PLEURISY.

(Concluded from page 35.)

CONNECTED with the operation of paracentesis thoracis itself, there are some questions concerning which medical opinions and medical practice are not yet settled. I do not pretend to decide these questions: yet I cannot pass them by. I must point them out to you; and I shall, at the same time, state what my own observation has suggested in regard to them.

1. Should all the liquid be let out at once?

Some say yes: some say no. If we appeal to experience on this point, we obtain no satisfactory answer. I have known patients get rapidly and perfectly well, after as complete an evacuation of the liquid as was possible. On the other hand, I have heard of speedy recovery, when, by a sort of accident, very little had been withdrawn: enough to relieve the pressing distress; but much less than the operator intended.

We must try the matter, therefore, by our reason.

I think it very probable that when the serous membrane is *stretched* by the pressure of its contents, its natural absorbing power may be lessened. But we have no reason to suppose that the mere relief of this tension will *often* suffice to renew the process of absorption, and to enable the flattened lung to re-expand.

The theoretic objection to the thorough emptying of the thorax in such cases is, I conceive, that the introduction of air is likely to be hurtful, by converting the adhesive into the suppurative form of inflammation, and by promoting decomposition of the extravasated fluids. No doubt there is this risk; but, in general, it cannot be avoided. Unless the lung freely rises at once, the liquid *cannot* all, nor even much of it, come out, without air getting in. Some attempts have indeed been made, of late, to draw the water into an exhausted bag, by the help of a pipe and stop-cocks. But it is obvious that, in most cases, very little can be so abstracted. The mere admission of air to the pleura does not necessarily *create* inflammation of the membrane. This we know from what happens sometimes in emphysema produced by a fractured rib. In the only instance of *pure* pneumo-thorax which I ever saw, the sac of the pleura had become half filled with air, through a very minute opening in the pulmonary membrane, communicating with the air-passages. There was *no* inflammation of the pleura in that case. Except that it was preternaturally *dry*, it seemed perfectly healthy. Neither does the access of air

necessarily superinduce suppuration in the membrane already inflamed. Certainly, if pus follows the passage of the instrument, as much should be removed as we can get. And, for my own part, I should take away as much as would come, if the enclosed liquid proved to be serous.

2. Is the orifice to be healed up, or to be kept open?

Here, also, practical men differ. I should say, if pus comes out, by all means keep the aperture open; and inasmuch as detension of the pus would be injurious, and the depending point is difficult to hit, and the orifice is apt to clog, I would do more than leave it open: I would draw the puriform fluid off twice a day by a syphon.

If serum is let out, by all means close and heal the wound. Then, if all goes on well, our object is achieved. But should the condition of the patient fail to improve; should hectic fever, after a day or two, set in or even continue; should much constitutional distress or disturbance arise—under such circumstances I would re-open the wound. There *was* mere serum, or liquor sanguinis: there now *is*, in all probability, puriform matter pent up in the pleura: and even stinking and poisonous gases.

On six occasions I have myself witnessed the evacuation, by puncture, from the human pleura, of a clear transparent liquid. Some of the patients were under my own charge, some under the charge of others. Of these six patients one died the day after the operation; I can scarcely say why. She was an extremely timid and susceptible young woman, and I am inclined to attribute her death to the shock produced, by apprehension of the operation, upon her sensitive nervous system. Two others recovered forthwith and perfectly. The wound presently healed in the three remaining cases also; but in one of the three it soon broke out again, and a quantity of healthy pus was discharged daily. After some time the expedient of keeping the cavity free from accumulated pus by the use of a syphon was resorted to. Under this plan the discharge became gradually less and less, and at the end of many months it finally ceased. The patient has a contracted chest, but his general health is quite re-established. He was on the brink of suffocation when the operation was performed. I have been told of a man who, for the last fifteen years, has had a similar thoracic fistula, and who has nevertheless, during nearly the whole of that period, been actively engaged in the various labors of a farm servant.

I have still two of the six patients to account for. They were both much relieved by the operation for a while; but after a few days they again fell off, and after many more days of gradual sinking and distress, they died. The cavity of the pleura contained, in both cases, much puriform liquid, and a quantity of most offensive gas, consisting in great part, as I judged from its odor, of sulphuretted hydrogen. I have since thought that both these patients would have had a much better chance for life, if this mass of corruption had been daily removed.

Again, I have twice seen *pus* let out, by the *primary* puncture of the chest. One of these two patients sunk, exhausted, some months after the opening, which never healed, was made. The empyema of the other had been occasioned by fracture of a rib. The discharge continued for a short time, then ceased, the orifice closed, and the lad got well.

This constitutes the amount, or nearly so, of my personal experience of the operation of paracentesis thoracis. You will see, in the statement I have been making, the grounds of those opinions which I have formed and expressed respecting it. A full and final solution of the grave and difficult questions that it involves would require a much wider field of observation than any one individual is likely to command. Dr. Thomas Davies has published a tabular account of the several cases of operation which he had then superintended. In sixteen cases of empyema, so treated, there were twelve recoveries; that is, the operation was successful in three fourths of the whole number of cases: a very encouraging result. In three of the less fortunate ones, the lung could not expand after the evacuation of the fluid, in consequence of the thickness of the false membranes covering it.

The value of Dr. Davies's table would have been greater, if it had shown in each case the time, after the commencement of the disease, at which the operation was performed; the symptoms that called for its performance; the nature of the liquid evacuated; and whether the orifice made by the trocar was closed or not.

The quantity of liquid which the distended pleura is capable of holding is enormous. I have seen upwards of a gallon let out at once. Dr. Montgomery mentions the case of a patient of Dr. Croker's, in Dublin, from whose left pleura Mr. Crampton drew off the almost incredible quantity of fourteen imperial pints of pus. Of course this could not have accumulated there without making injurious pressure in all directions: upon the ribs, upon the heart and mediastinum, upon the diaphragm, and the abdominal viscera beneath it. It is interesting to know with what rapidity the capacity of the diseased side of the thorax will, in favorable cases, diminish. The same writer gives the history of a boy, 12 years old, in whom the circumference of the diseased side was sixteen inches and six lines, while that of the sound side was fourteen inches and one line. Nine days after the operation the circumference of the diseased side had decreased nearly three inches; it measured thirteen inches and nine lines; that is, rather less than the circumference of the healthy side. The side had shrunk somewhat within its natural size. This is common in such cases.

There is yet a third question of some importance. Whereabouts should the opening be made?

If any soft inelastic tumor has appeared, marking a tendency in the effused liquid to make its own way outwards, that tumor should be punctured without loss of time; for there will then be no chance of the re-absorption of the pus; and if the swelling be left to itself, troublesome, burrowing sinuses will be apt to form in the thoracic and abdominal parietes. As we have no choice in such a case about the place where the aperture is to be made, authors have termed the operation *the operation of necessity*; and they distinguish the case in which the surgeon is at liberty to introduce his trocar wherever he pleases; they say that then the *operation of election* takes place. Now the question is, what spot is the best for this operation of election?

If there be any part of the surface which is resonant on percussion,

or which affords any sound of respiration, that part must be avoided. It is probable that the lung, in that place, is fastened by adhesions to the costal pleura. Of course you would not thrust in a trocar where you saw or felt that the heart was beating.

The object to be kept in view is that of making the opening in the situation which will allow the freest and most perfect vent for the liquid. The intercostal space between the sixth and seventh true ribs, where the digitations of the serratus major meet those of the obliquus externus muscle, is the place usually recommended. Laennec prefers the space between the fifth and sixth ribs. He observes that, on the right side, an enlarged liver frequently reaches as high as the sixth, or even the fifth rib. When the diaphragm is pushed as high as this (and I believe that Dr. Edwin Harrison, who has paid much attention to this point, will tell you that it is often pushed up even higher) there is an obvious risk of penetrating it with the trocar. In fact, Laennec committed that error himself. After making an incision between the fifth and sixth ribs, he thrust the instrument, as he supposed, into the thorax; and was a good deal surprised to find that no gush of liquid followed its introduction. The patient died; and dissection showed that the trocar had entered the cavity of the abdomen after transfixing the diaphragm, which, having been forced upwards by a large liver, had contracted firm adhesions to the seventh rib. I have myself witnessed a similar mischance, on the other side of the chest. The integuments of the side were cedematous; and it was thought that a little serum issued upon the passage of the grooved needle. This serum must have come from the infiltrated cellular tissue. No liquid was evacuated by the trocar. The patient died a day or two afterwards of peritonitis. The instrument had perforated the diaphragm, and entered the spleen, which was unusually large.

I am tempted to relate the particulars of one of the prosperous cases that I before briefly adverted to. It occurred in a lad of 19; a patient of my colleague, Dr. Wilson. On his admission into the Hospital he bore all the marks of copious effusion into the left pleura; the side enlarged and motionless, and dull on percussion; the intercostal spaces tense and even with the ribs; the heart beating to the right of the sternum; respiration puerile on the right side, inaudible on the left; urgent dyspnœa; a tendency to coma, marked by drowsiness and blueness of the cheeks and lips. In short, the boy was on the very verge of suffocation. He had been ill about a month; and had been bled, and cupped, and brought under the specific influence of mercury. Dr. Wilson judiciously directed that the liquid should be let out.

A grooved needle was first passed between the fifth and sixth ribs; and some serum following the puncture, a trocar was then introduced by Mr. Tuson, and nine pints of a clear fluid were drawn off. During the operation the patient became faintish at times, and then the orifice of the canula was stopped for a moment by the finger. The immediate effect of the tapping was most interesting and gratifying. Even while the liquid was flowing, the heart was observed gradually to move over from beneath the right mamma towards its natural situation; and his difficulty of breathing was signally relieved. At the beginning of the operation

he respired fifty times in a minute; at its conclusion thirty-eight times only. A good deal of air entered while the liquid was escaping: and for some days after the operation a splashing sound was audible on succussion of the chest; and one part of that side was unnaturally resonant, when struck, and another part unnaturally dull; and whatever was the posture of the patient, the hollow sound was uppermost, and the dull sound was undermost; and when he sat up and spoke, or coughed, a brazen resonance was heard by the ear applied to the scapular region. This lad got quite well, without the recurrence of a single bad symptom. He afterwards presented himself at the Hospital; and I understand that the left side was found to be in a very slight degree smaller than the right.

The liquid evacuated in this case was clear and transparent. It separated on cooling, into three parts; one of quite watery consistence, one more viscid, and a third which constituted a soft, transparent, jelly-like mass of fibrin.

In this instance no injurious consequences resulted from the free admission of air.

It may sometimes be necessary to puncture the cavity for mere pneumo-thorax: when, for instance, the pulmonary pleura has been pricked by a fractured rib, and air passes from the lung into the pleural sac faster than it can be absorbed; fast enough to compress the lung, and to threaten death by apnoea. The diagnosis of such a state cannot be difficult. The existence of the fracture, the tympanitic sound given by the chest on the injured side, the absence of respiratory murmur in the tympanitic part, and the increasing dyspnoea, all point to the same conclusion. Now a trocar of the smallest size—or even an acupuncture needle—would suffice to give vent to the imprisoned air, which will escape with an audible hissing noise. In some cases it must have existed in very large quantity, for the stream of issuing air has been strong enough to blow out a candle several times in succession; the flame being each time immediately re-lighted.

The same necessity for puncturing the cavity of the pleura from without may arise in cases of pneumo-thorax depending on specific disease in the lungs; but we cannot regard the operation as *curative* in such cases. Its value is very different from that which experience has shown to belong to it in empyema from acute or chronic pleurisy. Yet if it saves life for the time, if it prevents impending suffocation, and relieves existing distress, and postpones the fatal event, it is not *without* its value; and it has many times been done, and been followed by very gratifying results; but it has never, that I know of, been followed by entire recovery. Dr. Davies had superintended the operation in nine instances of pneumo-thorax with effusion: and *all* the patients died from tubercular complications.

There are, indeed, on record examples of recovery after the operation, when pneumo-thorax had existed, and under very unpromising circumstances. I should have stated before, that as the pus, in empyema, sometimes finds its way outwardly, penetrating between the ribs, and forming an external swelling, which, if not opened by the scalpel, will at length burst; so it also, sometimes, escapes by making a road into some part

of the air-passages, and being expectorated. Now the operation of paracentesis, in such a case, *there being no tubercular disease*, has been successful. Le Dran relates an instance in which he operated for empyema, where "the injection of a small quantity of mel rosarum and barley water through the wound excited coughing, and part of it was coughed up through the mouth, mixed with pus;" thus clearly proving the existence of a fistulous passage through the lung; notwithstanding which the patient recovered completely. The effusion was probably circumscribed. But you will find other cases of a similar kind referred to by Dr. Townsend, in the Cyclopædia of Practical Medicine.—*London Medical Gazette.*

TORTICOLLIS SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INFIRMARY. BY JOHN B. BROWN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Miss H. S., ætat. 7. The right sterno-cleido-mastoideus muscle strongly contracted. The face is turned over the left shoulder, and the back of the head over the right and almost in contact with it. She has the visage of a wry-neck patient, but not so much so as in cases where the deformity is congenital. The angle of the mouth is depressed and drawn down. The left eyebrow is elevated above the right. The right side of the head is so strongly inclined to the right shoulder as to give an obliquity to all the features of the face. This deformity was the sequel of scarlatina maligna; and so far as my experience extends, non-congenital deformities and contractions of muscles are more frequently the result of this disease than any other.

She has combined with the torticollis a lateral curvature of the spine. The greatest deviation is between the shoulder-blades, the convexity being towards the right, but there is an acute angular convexity of the cervical vertebræ towards the left, produced by the strong and permanent contraction of the sterno-cleido-mastoideus muscle, which draws the back of the head over and nearly on to the right shoulder.

March 6th, 1840. After a consultation with Dr. J. C. Warren, I divided the sternal branch of the sterno-cleido-mastoideus, in presence of Drs. Thompson of Charlestown, Pratt of the House of Representatives of Mass., J. M. Warren, and E. W. Leach. Applied the paste-board stock after the manner of Dieffenbach, which was used for some weeks, but to very little effect. This day, April 18th, applied an apparatus which I contrived for the purpose. It consisted of a brass belt resting on the hips, with crutches coming up under the arms, the anterior extremity of which, on the left side, extended to about the height of the top of the head—and the posterior extremity on the right side extended to about the level of the ear. The tops of these were connected by a steel wire in the form of an arch, which went over the head for the purpose of giving them support. Each of these uprights had a spring attached at the top and running at right angles, an inch wide and six inches long; the one on the left side running posteriorly, and that on the right ante-

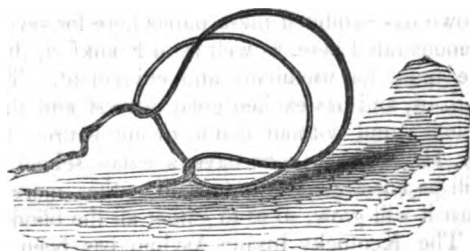
riorly. A cap was made for the head, of brown cambric, so as to fit, and a strap attached on the right side and brought round posteriorly and buttoned to the top spring on the left side. Another strap of the same material was attached to the cap on the left side, brought round the chin, and buttoned to the right top spring. These straps acting together, had the effect of elevating the head, and bringing its posterior part from the right shoulder, to which it inclined, towards the left, and of bringing the chin, which inclined towards the left shoulder, round to a front position. This operated very well, and much was gained towards bringing the head into a normal position; but the divided branch of the sterno-cleido-mastoideus united so quickly as not to give time to correct the acute angle which its contraction had produced in the cervical vertebræ, and the cleidal portion of this muscle also became a barrier to the restoration of the head to a natural position. It was thought best, after a consultation, to divide

FIG. 1.

this branch, and also to re-divide the sternal branch of the sterno-cleido-mastoideus, which was done in the presence of Drs. J. M. Warren and E. W. Leach. The head did not turn suddenly round, and perform all manner of evolutions, as represented by some writers who have done the same operation, but it gradually came round, and as much as it could consistently with the previous contracted cervical and dorsal curvatures. When these curvatures are entirely corrected, I have no doubt the head will assume its normal position and be placed as it should be, in a mesial line between the shoulders. In fact, it is so much so now, that an acquaintance of the family, a lady who called in, having heard that one of the children had a wry-neck, asked which it was, all being present.



FIG. 2.



The application of the apparatus above described is represented in the annexed cuts. A B, fig. 1, are the top springs, to which are attached two straps. The one running from right to left, back of the head,

is buttoned to a knob at the end of spring A, which runs backward over the left shoulder. The other, running from left to right under the chin, is buttoned to a knob at the end of spring B, which runs forward over the right shoulder. Both acting together have a tendency to bring the head into an upright and central position. C, the crutches which run from the brass belt up under the arms. D, a strap running front of the body, which connects the two ends of the brass belt, and keeps it steady upon the hips.

Fig. 2 represents a wire stock which was made use of when the apparatus above described was taken off. This may be folded in a neckerchief as a stiffener and tied in front, or the wire may be covered with velvet and a ribbon passed through the two ends, and tied back of the neck, as is here done.

It is a mistaken idea to expect to restore the head to its normal position in torticollis by simply dividing muscles; still, the division of muscles is a necessary prerequisite step. There is always in wry-neck of long standing a lateral curvature of the spine, particularly of the cervical part of it. Subsequent treatment is necessary, and the same kind of means ought to be adopted, as is made use of for correcting lateral curvature.

PROSPECTS OF THE BLIND AND INSANE IN KENTUCKY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We are just having a visit from Dr. Samuel G. Howe, the eminent superintendent of your Institution for the Blind. He is on a mission of benevolence, to establish a similar institution here. With four blind pupils he visited our Legislature at Frankfort, and there exhibited these redeemed children before the powers that be. The exhibition was satisfactory; the argument was convincing; and the General Assembly, with hardly a dissenting voice, voted to establish a school for the blind in Louisville, and granted ten thousand dollars to endow it, provided that this city would first raise the means to put it into operation. This would cost only about a thousand dollars, upon the plan proposed. We wanted no more of the State government. We can do the rest ourselves, and measures are now in train to obtain the preliminary funds here. Dr. Howe has exhibited these pupils here for several successive evenings, and demonstrated here, as well as at Frankfort, the practicability of educating the blind for usefulness and enjoyment. This matter is entirely new with us, and has excited great interest and drawn multitudes to the exhibitions; and without doubt, owing entirely to the benevolent energy of Dr. H., we shall soon have a small school in successful operation. It will be but a nucleus at first, to gather more funds and pupils. But we trust it will grow, so as to gather all the blind of the State within its folds.

The Kentucky Insane Asylum has been more successful within the last year, than at any time previous. In 1841 there were received 38 old cases—10 idiots and epileptics; and 24 new cases. Besides these there were previously in the Hospital 102 old cases—35 idiots and epileptics; and 5 new cases. Of the first class 10 were cured, 5 improved,

and 16 died. Of the second class 9 died. And of the third class 17 were cured, 2 improved, and 3 died; and of all, 152 remained at the end of the year.

With the limited resources for the cure of the insane in this Institution, without any permanent resident physician in the house, this is remarkable success. Measures are now in progress to obtain a farther grant from the State, which will enable it to purchase lands, put up shops, arrange the buildings, and procure all other facilities for the labor, occupation and amusement of the patients, and engage such medical attendants and such a corps of assistants as are found in the most approved asylums in the country. The attention of the people and Legislature has been called to the great advantages and success of other institutions, and the deficiencies of this, and immediately the friends of the asylum set about the work of obtaining the necessary means for reform, and without any doubt we shall have, in the course of the year, as good a hospital for the insane in Kentucky as is found elsewhere.

Our two State medical schools flourish beyond all precedent. This in Louisville has two hundred and sixty students, and that at Lexington about the same number.

In haste, your friend,

Louisville, Feb. 8, 1842.

E. J.

HOOPING COUGH AND VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

Does the hooping cough, cured as it sometimes is by vaccination, produce an exemption from subsequent liability to the disease?

CASES.—In July, 1836, John Birdsall, aged 3½ years, son of Rev. J. O. Birdsall, then of Monroe, Michigan, after exposure was taken with hooping cough well marked. The disease continued two weeks, when he was vaccinated. As soon as the vaccine disease began to affect the system, the cough subsided, but the vaccine disease took a regular course. In due time, George Birdsall, still younger, took the disease of John; the character of the cough was unequivocal. He was vaccinated, and as soon as the symptoms of vaccina developed themselves the cough subsided, and the vaccine disease went through a regular course. In August, 1840, Mr. Birdsall having removed to Saline, Washtenaw Co., the disease prevailing there, and having two children in the meantime added to his family, John and George and the two younger children all had unequivocal hooping cough. The infant died. No difference was discoverable in the cases. John and George went through the course of the disease without modification. Mr. B. informs me that the children have never been re-vaccinated.

T. SOUTHWORTH.

Monroe, Mich., Jan. 26, 1842.

DIGITALIS.

DR. CALVIN JONES, of West Tennessee, a physician of age and experience, has sent us a paper designed to recal the attention of his brethren

ren to the value of digitalis, as a remedy in pulmonary and dropsical diseases. We at first thought of publishing it entire, but have concluded, without intending the least disrespect to its worthy author, to give it in abstract.

He begins by expressing the opinion that digitalis is a "remedial agent of great power, for which a substitute could not easily be obtained," and then proceeds to inquire into the causes which, in latter times, have limited its use. They are, first, its being frequently inert, and of course doing no good; second, its having been used under inappropriate states of the system, when it has done harm. Of these Dr. Jones justly regards a high phlogistic diathesis as the most common. He cites a case of phthisis pulmonalis, in which this medicine appeared to prolong life for many years; but as it occurred before auscultation was invented, or pathological anatomy formed into a science, we have no means of knowing whether it was tubercular consumption, or only chronic bronchitis. In the latter, digitalis is certainly one of our best remedies. In the treatment of dropsies, Dr. J. has found this medicine of great value—provided venesection preceded it. The following case, on account of its remote cause, we extract in the doctor's own words:—

"I will mention but one other case, though several present themselves. Alexander Hobby, of Johnston County, N. Carolina (I then resided on the Neuse), for three or four years, in the cider and apple-brandy seasons, after considerable use and abuse of these articles had attacks of general dropsy. I uniformly bled him largely, gave him liberal quantities of nitrous salts, and when his pulse became soft and yielding, completed the cure with digitalis. I mention as evidence of the usual salutary effect of the medicine, and the power which the habit of observation gave of predicting it, that I once told him that on such a morning I should visit him, when his pulse would be reduced from its 90 to 42 strokes in a minute. When he found the prediction exactly verified (the precise number was a random guess, of course) he was alarmed with the supposition that he was surrounded with supernatural intelligences and influences; a common belief among certain people in those by-gone days (1799) when the author of evil was strongly suspected of doing great good to the sick by means of his purchased agents. A cider season at last came on, when I was necessarily absent from home (in attendance in the Legislature, of which I was a member), and poor old Hobby became its victim."

Of the preparations of digitalis Dr. J. prefers the saturated tincture of the recent herb—from twelve to sixteen drops twice a day, to be laid aside when the characteristic constitutional effects appear, and resumed when they have passed away.—*Western Jour. of Med. and Surg.*

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 2, 1842.

MEDICAL LECTURES IN VERMONT.

On the 10th of March, the lecture term will open at the Medical College of Vermont, in Woodstock, Windsor County, under favorable auspices. The new edifice, which we saw the last season in its unfinished condition, has since been completed, and all things are presumed to be in readiness for an elevated and highly useful course of lectures. Dr. Clark, a gentleman of growing eminence, who is represented to have an admirable tact for a public instructor, has the department of pathology and materia medica. Dr. Palmer will have the chair of anatomy and physiology. Dr. Childs is placed at the head of the faculty of medicine, to which his age and medical standing justly entitle him.

At the Castleton Medical College, the lectures will commence on the second Tuesday in March, and continue fourteen weeks. To enhance the value of the course, the Trustees have secured the services of Dr. Reese, of New York, in theory and practice; and Dr. William C. Wallace, of the same city, on the important subject of ophthalmic surgery, which no man understands better. Of the other professors it is quite unnecessary to speak, as they have been before the public for many years, and their qualifications, and claims to the confidence and steady patronage of the friends of medical science, are well understood.

What shall we do with the Insane?—Dr. Jarvis, of Louisville, Ky., whose incessant pleadings, in behalf of the lunatics of the western country, have gained for him the wide-spread fame of a medical philanthropist, has written another pamphlet of forty-five pages, octavo, with the above title. He sets forth the condition of these unfortunate moral patients, tells all within the circle of his influence what has been done to ameliorate their unhappy lot in New England, and other places where the same humane policy obtains, and finally, by quotations from a vast number of sources, proves that if the citizens of that good State of Kentucky do not make ample provision for the wretched maniacs, whose voices ring upon their ears for help, they have no love for their own household, and are therefore worse than infidels. *What shall we do with the insane?*—says this cogent reasoner. We shall assume the necessary boldness to answer the question. Let the State at once erect the necessary edifices, and appoint a suitable person for the medical superintendent—and no one, we venture to say, has better qualifications for the office than the writer of the above-named pamphlet.

Scarlatina.—A correspondent in western New York writes as follows respecting this epidemic:—

"The scarlet fever has been quite prevalent in this section this winter and last fall. In many instances three and four out of a family have died. I do not believe there is any necessity for this fatality. I have

prescribed for some forty cases; have had three deaths, and one from dropsy following. Some nine cases, besides, were looked upon as incurable, but recovered. Calomel, given as recommended by most of our authors, I believe would have been highly injurious in most of these cases. I have refused to give it at all, unless after convalescence had taken place; and then a blue pill or two, followed with salts and senna, would be preferable.

"My course is, on the commencement of the disease, to vomit, generally with ipecac., sometimes combined with antimony, followed with a gentle physic of salts and senna. This may be repeated if necessary in the course of the disease, keeping the bowels loose with frequent doses of castor oil and molasses, which is far preferable to full doses of physic, as it does not reduce the already prostrated system, but carries off most effectually the foul accumulations. After which an infusion of ipecac. in nauseating doses, alternated with Dover's powders. Drinks, saffron or any of the mild aromatic herbs in common use, with iced water when there is intense or unconquerable desire for it, with frequent sponging of the surface with warm salernus water or weak lye that feels slippery, watching with the greatest care for the first symptoms of typhus, and counteracting them instantly with tonics. Of these, Fowler's solution is the very best, and quinine the next. Here is where death, in my humble opinion, so often occurs. If the patient live beyond the three or four first days of the attack, it is almost always from a low typhus putrid state, and from the timely counteraction of which many might be saved, as I believe, that now die. When the violence of the attack is so great that death occurs in twenty-four or forty-eight hours after, of course there is no help. In two of my fatal cases death occurred in little over twenty-four hours. As an external application to the neck, in violent cases, and to prevent suppuration, I have found, after various trials of other substances, a poultice of Indian meal, applied cold, with pulverized mustard sifted on, to be highly serviceable; to be applied as long as the patient can bear it, and then the Indian meal alone, often repeated, so as to be kept cold."

New Publications, Medical Movements, &c.—Charles A. Lee, M.D., of New York, now regarded as one of the most industrious of medical writers, has a work nearly ready for the press, on the Influence of Meteorological Phenomena on Health and Disease, in which he will propound some new theories and bring forth facts which have an important bearing on etiology.—Dr. A. Boardman, another of the same school of perseverants, whose name is well known to the readers of this Journal, has a new treatise on Phrenology, in the printer's hands, which we have before referred to, and of which more will be said when it appears.—Dr. Charles Caldwell, of Louisville, Ky., we hear through a correspondent, has given the world an octavo of nearly two hundred pages, on *Mesmerism*, in which he thinks he has established the truth of the science beyond all cavil!! We intend commenting upon this matter at leisure, when the book arrives. We also learn, very directly, that Dr. Forbes, editor of the British and Foreign Medical Review, as well as his former associate, Dr. Conolly, think there is *something in it*. In what? What an age of humbug, when men of common sense and high standing condescend to become objects of general ridicule.—In the case of Dr. Houston, touching the affair of the injunction, we are told that he agreed to furnish Dr.

Mott with a written report of his own lectures, and to make no other use of them whatever. The injunction in chancery was merely to secure the performance of this contract.—Dr. Draper's lecture on *Heat*, of which a copy has been received, is excellent. Proper notice of this able production is intended. Dr. D. is spoken of to us, by a competent judge, as one of the ablest men of his age, in this country. For four years, previously to being appointed professor of chemistry in the University of New York, he was Dr. Turner's assistant in the London University. Just at this time, Dr. Draper is editing Kane's splendid work on Chemistry—to be published in a few weeks by the Harpers. It is designed to be the very best on that science extant. With the editor's copious notes and additions, it will make a volume of eight hundred pages.—Multitudes of items have crowded in upon us relating to the two medical schools of New York, the surgical clinics, their rivalry, their hospitals, and, lastly, their quarrels, about which we don't care a straw.

Mattson's American Vegetable Practice.—Within a few days a friend has presented us a large-sized octavo of 699 pages, called the "American Vegetable Practice, or a New Guide to Health, designed for the use of families, in six parts, by Morris Mattson, Physician to the Reformed Boston Dispensary, Lecturer on Physiology and the Practice of Medicine," &c. Instead of deluging the author with abuse, or calling lustily upon Jupiter the thunderer to annihilate him, because he happens to have compiled a great book that is at variance with what we consider to be orthodox in physic, we will now merely state that we admire his industry, perseverance, and apparently honest intentions, but regret exceedingly that such powers as he possesses should not have been more happily directed. We may present our readers with an analysis of Mr. Mattson's labors at some future time.

Deaths in Pomfret, Conn. Population 2000.—In the year 1815, as we learn from an authentic source, the number of deaths was 33, or 1 in 60; in 1816, 29, or 1 in 68; in 1817, 20, or 1 in 100; in 1818, 28, or 1 in 71; in 1819, 23, or 1 in 86; in 1820, 27, or 1 in 74; in 1821, 26, or 1 in 80; in 1822, 32, or 1 in 62; in 1823, 24, or 1 in 83; in 1824, 30, or 1 in 66; in 1825, 40, or 1 in 50; in 1826, 34, or 1 in 58; in 1827, 16, or 1 in 125; in 1828, 31, or 1 in 64; in 1829, 21, or 1 in 95; in 1830, 23, or 1 in 86; in 1831, 25, or 1 in 80; in 1832, 37, or 1 in 54; in 1833, 28, or 1 in 71; in 1834, 26, or 1 in 76; in 1835, 20, or 1 in 100; in 1836, 21, or 1 in 95; in 1837, 39, or 1 in 53; in 1838, 24, or 1 in 83; in 1839, 27, or 1 in 74; in 1840, 18, or 1 in 111. Yearly ratio, 1 in 70. Average number, 28.1 per year. Annual per cent. 1.25.

Jefferson Medical College.—A catalogue of this enterprising school, at Philadelphia, is circulating through the country, showing evidence of its great prosperity. The lectures commenced on the first Monday of November, and were to close on the last of February. There are *two hundred and nine* names on this document. Of these, ninety-eight belonged to Pennsylvania and twenty-eight to Virginia. We congratulate the friends of the Institution on its profitable success. The fact is, there is

talent there; and then there is a modicum of enterprise, and a liberal, generous expression of regard for the welfare of every individual who places himself under the educational guidance of the faculty.

Medical Disruption.—Intelligence from Lexington, Ky., partly through a Louisville paper, gives a sad account of things at the old Transylvania school of medicine. It seems, says one of our own papers, that Dr. Cross, one of the professors, known generally as the editor of the *Western Journal of Medicine*, had a rumpus in the street with one of the students, who caned him right soundly. A sword cane was wielded, but Dr. Cross could not use it effectually, because the by-standers interfered. Quiet was obtained at the College—but more trouble was anticipated. The story is, that the professors will all resign. Dr. Bartlett must keep his associates in ballast trim: he was a good magistrate in Massachusetts, and they would do well to put him in commission in Kentucky.

Operations for Deformities.—Dr. Parker, of New York, Professor of Surgery in the College of Physicians, is associated with Dr. J. H. Dorr, formerly of Boston, for the treatment of spinal curvatures, club-feet, strabismus and other deformities, on the principles adopted by the French and other Continental surgeons.

Smallpox at the Sandwich Islands.—After having been severely afflictive, by the late arrivals we are informed that the fury of the disease has expended itself, but not till it had mown down great numbers of the poor, alarmed, unprotected natives, besides European settlers. Vaccine virus was sent from Boston in the autumn, but it is apprehended that it did not arrive in season to circumscribe the infectious malady. However, in future, with the estimate they have been taught to place in the kinpock, it is believed that a careful attention will be paid to early infantile vaccination throughout all the islands.

Important Discovery in relation to Zoology and Physiology.—The large gold medal of the Society of Arts was awarded on Thursday last to Mr. Henry Goadby, for an important discovery in relation to the science of zoology and physiology. This discovery consists in a new mode of preparing anatomical and zoological preparations, and is applicable as well to the largest specimens as to microscopic objects. The fluid in which they are preserved is dense and beautifully transparent, and possesses the important advantage over spirit of wine, of not corrugating the preparation in the slightest degree, of not altering the color of the tissues, and of not becoming turbid. Instead of using the ordinary bottle, Mr. Goadby employs glass boxes of various sizes, which permit of the examination of every part of the preparation without the distortion of the object necessarily produced by a round vessel. Some of these preparations admit of being framed, and hung upon the walls of a room like pictures. The opinion of several distinguished physiologists was taken by the Society upon the merits of the discovery, who agreed unanimously in acknowledging it to be one of the most important steps made in this department for many years. We understand that the fluid employed by Mr. Goadby

is easily prepared, and possesses the additional advantage of being exceedingly cheap. It is calculated to supersede altogether the use of alcohol in the preservation of animal substances, and promises to be one of the greatest boons to physiologists and pathologists that science has yet unfolded.—*London Lancet.*

Medical Miscellany.—A Mr. Reilay, of West Troy, N. Y., took a solution of two tablespoonsful of oxalic acid, which an apothecary sent him for salts—and his wife would have taken a similar dose had not the effects on him been so instantaneous. He died in five or six minutes. Where did the apothecary learn his business?—The Massachusetts Charitable Eye and Ear Infirmary has petitioned the Legislature for assistance. The Institution has had \$2000 a year from the State, since 1837.—We hear of a fourth edition of Drs. Wood and Bache's Dispensary, at New York.—Dr. Nimrod Meniffee, of Lewisburg Co., Arkansas, was horribly and fatally mutilated in a savage combat with a neighbor—being stabbed and cut in no less than thirty-one places.—The number of patients admitted into the New York Eye and Ear Infirmary during the past year was 1,152; of whom 920 were cured, 60 were relieved, and 87 remain under treatment. The whole number admitted since the foundation of the Infirmary is 21,642.—A strange and fatal epidemic is spoken of as exciting much alarm at Tecumseh, Michigan.—A Temperance Society of the College of Physicians and Surgeons of New York was held on the 22d.—A catalogue of the University is out—with the names of 239 students appended.

TO CORRESPONDENTS.—The communications of Drs. Lee and Abbott will receive early attention.

Number of deaths in Boston for the week ending Feb. 26, 53.—Males, 26; Females, 27. Stillborn, 1. Of consumption, 9—lung fever, 10—dropsy in the head, 2—debility, 1—intemperance, 2—inflammation of the lungs, 2—scarlet fever, 10—burn, 1—disease of the brain, 1—pleurisy, 1—dropsy on the brain, 2—dropsy, 1—chronic hepatitis, 1—infantile, 2—typhus fever, 2—tumor in the head, 1—teething, 1—fits, 1.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

The Course of Lectures will commence on Monday, April 4th, and continue until the first of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. FOUNTAIN JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE.

OTIS CLAPP, 12 School street (up stairs), has just received the above-named work, in two vols., edited, with annotations, by Dr. Hull, of New York. Vol. I contains the *Materia Medica*, and Vol. 2 the *Repertory of Homœopathic Symptomatology*, with Clinical Remarks. These volumes contain over 1400 pages, and their use is indispensable to the Homœopathic practitioner. Price \$3 per volume, paper covers; \$3 50, bound. Also just published, Jahr's new Pharmacopœia of Homœopathic Medicine, translated by Dr. Kitchen, Philadelphia. Price \$3.

Also for sale, the following Homœopathic works, viz.: Hahnemann's *Organon*, \$2; Ruoff's *Repertory*, \$2; Curie's *Practice*; do. *Principles*; do. *Domestic Practice*, \$1; Dunnsford's *Remedies*, \$3; Jean's *Practice*, \$3; Hartmann on Homœopathic Remedies, \$1; Broacke's *Diseases of the Alimentary Canal*, \$0.50; Herring's *Domestic Physician*, \$2. Pamphlets on Homœopathy by Crasario, and Drs. Herring, Eustaphieve, McVickar, Greene, Okie, Channing, Des Gudi, &c.

Also for sale, Homœopathic Medicines in cases, both mahogany and morocco, varying in size and price from \$3 50 to \$50, and single remedies. Tinctures, triturations, refined sugar of milk, pure globules, vials, corks, dist papers, labels, &c.

M 2—4f

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

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On Diseases of the Chest, and Midwifery, by	- - - - -	DR. BOWDITCH.
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Theory and Practice of Medicine, by	- - - - -	DR. SHATTUCK.
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THE next annual course of Lectures at this Institution will commence on the second Thursday of March, next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN E. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARKE, M.D.

Demonstrator of Anatomy, ORSON L. HUNTLEY, M.D.

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Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, Secretary.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, M. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Bowcawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—copif.

GEORGE W. OTIS, JR.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19.

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A COMPLETE assortment of Surgical and Dental Instruments, English and American—for sale low, by BREWERS, STEVENS & CUSHING, 90 and 92 Washington street. D. 22—3m

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No. 5.

ON HYGROMETRICAL OBSERVATIONS.

BY CHARLES A. LEE, M.D., OF N. YORK.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH the attention of mankind has, in every age, been directed to meteorological phenomena; and physicians, from Hippocrates down, have always regarded them as constituting important influences which act upon animal bodies; yet it must be acknowledged that apart from those general effects, represented by the word *climate*, but little light has hitherto been thrown upon their operation, when considered as causes of disease. A multitude of facts have indeed been collected; but the philosophy of meteorology remains to be written. Observations have hitherto been chiefly confined to the winds, the temperature and pressure of the atmosphere, as indicated by the thermometer and barometer, while the hygrometrical and electrical conditions of the air have been almost wholly disregarded, although the mutable condition of the atmosphere, as it inclines to dryness or humidity, is the main source of all the variety of meteorological phenomena. My object, in this communication, is to call the attention of physicians to this subject, as one well worthy of investigation, calculated as it is to reflect much light upon the etiology of disease.

In the London and Edinburgh Philosophical Magazine for 1838, Mr. Hopkins, of Manchester, published some very interesting observations on malaria, as connected with the dew-point; attempting to prove that those diseases which have usually been attributed to a malarious or miasmatic principle, are in fact solely owing to the hygrometrical condition of the air. His views, though eminently ingenious, are by no means convincing, when we take into view all the facts connected with the causation of such fevers, as I shall attempt to show on another occasion. He seems, moreover, to take a very partial and limited view of the physical effects of a high dew-point, for he ascribes its influence entirely to its operation in checking evaporation from the surface of the body; whereas, its effect in preventing the disengagement of vapor and carbonic acid from the lungs, and its power of conducting vitreous electricity from the body, I have found to be vastly more important. A few remarks, by way of illustration, may not, perhaps, be out of place.

By the *dew-point* is understood that degree of temperature at which moisture begins to be deposited from the atmosphere; and this is usually determined by the hygrometer (which may therefore be called a measure

of moisture). The quantity of vapor, or invisible steam in the air, is constantly varying from variations in the temperature, though we often find it varying when the temperature continues the same. Warm air is capable of taking up, in the state of invisible vapor, more water than cold air. Thus a cubic foot of saturated air, at 32 degrees, contains of watery vapor 2.350 grains; at 60 degrees, 5.825 grains; at 70 degrees, 7.941 grains. When the air is nearly saturated, a very slight diminution of temperature is attended with the formation of dew; but if the air be dry, a body must be considerably colder before moisture is deposited upon it; in short, the dryer the atmosphere, the greater will be the difference between its temperature and the dew-point. Moreover, when the dew-point is but slightly below the temperature, evaporation goes on very feebly, but then it increases in proportion to the number of degrees between the two. The drying power of the atmosphere has been expressed by Dr. Dalton, in numbers, but it is only another form of expressing the energy of evaporation. The same philosopher has constructed a very valuable table of the elastic force of vapor at different temperatures, by which it appears, that while at 32 degrees it is only equal to 0.200, at 90 degrees it is equal to a pressure of 1.36 inches of mercury. The important physiological consequences growing out of this law will be obvious to all. It thus appears that the state of the dew-point must have far greater influence upon the animal economy, than all the other meteorological phenomena indicated by the thermometer and barometer, which, alone, have hitherto been regarded as chiefly worthy of the attention of physicians and naturalists in connection with the etiology of disease. It follows, of necessity, that a high dew-point interrupts, to a great extent, the ordinary and healthy functions of the skin and lungs, two of the most important organs in the body. It prevents the decarbonization of blood in the lungs, and the union of sufficient oxygen with the vital fluid to fit it for the various offices which it is destined to perform in order to maintain a healthy condition of the system.

An atmosphere, with a high dew-point, moreover, rapidly carries off the vitreous electricity from the body, which is doubtless intended to subserve a most important end as a vital stimulus. This appears, not only from the well-known, highly-conducting properties of an atmosphere charged with vapor, but also from the depressing influence of the Sirocco, which has a very high dew-point. In healthy climates, the average dew-point is usually some degrees below the temperature of the atmosphere, and it is very rare that the two coincide. When they do, the weather is called *close*, *sultry* or *muggy*, and its injurious effects upon the system are well known. The very color of the skin, to say nothing of the languor of the mind, and the debility of the muscular system, show that the blood does not undergo the proper change in the lungs. Highly malignant fevers rarely if ever prevail where the dew-point is below 60 degrees; nor does malaria ever act with sufficient intensity, as to produce remittent fevers of a highly bilious grade. The excessive fatality of tropical diseases, is, in all probability, owing to a dew-point of 70 or 80 degrees. From the observations of Dr. John Davy,

it appears that on removal from a temperate to a tropical climate—in other words, from a low to a high dew-point—the animal heat, or temperature of the body, is raised several degrees, which is doubtless owing to the fact that sensible transpiration carries off less heat from the surface than insensible evaporation. This predisposes to and doubtless excites fevers, and other forms of disease; and hence the utility of adopting a vegetable diet and the cooling regimen on visiting such countries. In tropical climates, the liver takes on a vicarious and increased action, in order to discharge from the system the extra proportion of carbon, which chiefly escapes from the lungs in temperate latitudes, where the dew-point is comparatively low. Blacks are less subject to fevers and other diseases incident to hot climates, because their skin is considerably modified in texture, so as to enable it to perform a greater extent of function than that of the white. Its thick and dark *rete-mucosum* enables it to exhale not only a larger proportion of water and carbonic acid from the blood, but it secretes a more unctuous fluid, which is believed to possess considerable influence in counteracting the effects of the sun's rays, and in carrying off the superabundant caloric—thus diminishing the heat of the body. In short, the negro skin is adapted to a high dew-point; removing from the blood the carbon, and other matters, which in the white are, to a greater extent, discharged through the lungs and the liver. By the process of acclimation, the skin of the white may, after a time, so far discharge this vicarious office, as to resist the influence of a high dew-point (which prevails at all times in very hot climates) and thus escape disease.

Now, as we can ascertain the quantity of vapor in the atmosphere by weight, by finding the dew-point, so also we can determine the quantity of vapor expired from the lungs, by the dew-point of the breath. From the table of Mr. Dalton, showing the elastic force of aqueous vapor at different temperatures, it appears that when the dew-point is 94 degrees, which is that of the breath both in summer and winter, the elastic force of vapor is 1.53 inches of mercury in the barometer; and as vapor is but five-eighths the specific gravity of air, it can be calculated that the vapor in the breath is about 1-31st part of the breath in weight. Accordingly, at a dew-point of 94 degrees, out of 31 pounds of breath expired, 30 pounds will be air, and 1 pound vapor. Of course, the quantity inspired is always much less than this, as the dew-point of the air in our climate sometimes falls below zero, and never rises above 80 degrees. As we can thus ascertain the exact amount of vapor inspired, at each dew-point, and also that expired, we have but to take the difference between the two, as the quantity evaporated from the lungs themselves. Mr. Espy has calculated that when the dew-point is 30 degrees, we evaporate from the lungs 1 pound of vapor for every 35 pounds of air which we breathe; and when the dew-point is 75 degrees, we evaporate from the lungs 1 pound for every 69 pounds; so that in summer, when the dew-point is very high, we evaporate from the lungs only about half as much as we do in winter, when the dew-point is very low.—(Espy.) Taking the average amount of air inspired, as 40 inches, at each inspiration, the

writer has calculated the following as the amount of vapor expired at the corresponding dew-points, within the space of twenty-four hours.

Dew-point.	Grs. of Vapor.	Dew-point.	Grs. of Vapor.	Dew-point.	Grs. of Vapor.
0 deg.	10.490	32 deg.	9.331	65 deg.	6.240
5 "	10.370	40 "	8.764	70 "	5.465
10 "	10.257	45 "	8.464	75 "	4.535
15 "	10.096	50 "	8.038	80 "	3.466
20 "	0.939	55 "	7.497	90 "	2.060
25 "	9.710	60 "	6.911	95 "	0.

Thus, while with a dew-point of 0 degrees we exhale from the lungs one pound six ounces and one drachm of watery vapor in twenty-four hours, with a dew-point of 90 degrees we exhale considerably less than half an ounce, and at 95 we exhale none at all.

The amount of carbonic acid given off by the lungs, I have found varies with the dew-point, in the same degree nearly as the amount of vapor. Of course the proportion is not exactly equal, for in that case, whenever the temperature and the dew-point coincided, suffocation would infallibly ensue. My experiments are not sufficiently advanced to give precise results, but they enable me to promise, at an early day, a table showing the exact amount of carbonic acid given off at each dew-point and degree of the thermometer. Then, by merely taking the dew-point, we can by consulting the table ascertain the exact amount of vapor given off by the skin and lungs in a given time, the proportion of carbon eliminated by the same organs, as well as the weight of vapor, in grains, in a given space of atmospheric air. These are items of some importance, at least, in estimating the predisposing as well as exciting causes of disease.

I have said nothing of the great amount of latent caloric which escapes from the lungs at a low dew-point. It appears, however, from a simple calculation, that the latent caloric contained in one pound of vapor, at the temperature of the breath, would be sufficient to heat 35 pounds of air about 130 degrees; and therefore the air which we breathe at the temperature of 32 degrees, brings out with it in the vapor alone sufficient caloric to heat it 130 degrees. If to this we add the number of degrees it is actually heated, from 32 to 98, it will appear that when we breathe air at 32 degrees, the lungs part with sufficient caloric to heat all the air we breathe 196 degrees. The ratio of the diminution of caloric, thus given off by the lungs, as the dew-point rises, may be obtained by a similar calculation (going on the supposition that no vapor is generated in the lungs by the union of oxygen and hydrogen). This must also be taken into account, as exercising no slight influence in predisposing to tropical as well as other diseases.

From some observations, I have satisfied myself that the dew-point of the breath falls much below the natural standard (94 degrees) in some diseases, as first suggested by Mr. Espy. There can be little doubt that this is the case in cholera and other diseases; and from the condensation of vapor upon the lungs which follows of necessity, the patient dies in a state of suffocation. If this be so, it is more than

probable that in certain low states of the system, as typhus fever, where there is little power of generating animal heat, death might be prevented by reducing the dew-point of the air, by raising the temperature. The attention of the faculty is particularly invited to this point.

The above remarks may suffice to indicate the views of the undersigned. It is highly desirable to obtain sufficient data to construct hygrometrical charts showing the mean monthly dew-point, in different localities, and in different parts of the United States, together with its greatest range. Through the kindness of Professors B. T. Joslin of the N. Y. University, and J. Renwick of Columbia College, I have been able to project such charts for Schenectady and this city, based upon observations taken by these gentlemen during several months of the year, which will hereafter be published. A comparison of these with charts based upon observations taken within the tropics, together with the hints above suggested, will enable the profession to decide whether I have exaggerated the effects of a high dew-point, when considered as a predisposing and exciting cause of disease.

Directions.—For taking the dew-point, Daniel's hygrometer is the most convenient, where it can be had; but as it is expensive, few physicians will perhaps be able to procure it. A very simple and equally accurate method is, to use a thin tumbler of tin, kept very bright and clean on the outside—and in the summer cold water, and in the winter snow or ice, and if necessary salt mingled with water—and when these are not at hand, a mixture of muriate of ammonia and nitrate of potash in equal quantities, pounded very fine, put into the tumbler with water. When dew settles on the tumbler it must be carefully wiped off, very dry, and the fluid within stirred with a thermometer—and this must be repeated until the fluid is gradually heated up by the air, so that the moisture ceases to settle; the highest temperature at which it will settle, is the dew-point. The observations should be taken twice a day, if possible, say at sunrise and 3 P. M. They should in all cases be connected with the temperature of the air, and the direction of the winds.

Should there not be time to take the dew-point in this way, take two thermometers that agree, cover one of them with a wet white rag, and swing them simultaneously in the air; when it is discovered that they cease to change by swinging, take 103 times their difference, and divide it by the wet-bulb temperature and subtract the quotient from the temperature of the naked bulb—the remainder will be the dew-point.—(*Inst. Amer. Phil. Soc.*)

My object at present is merely to invite the attention of physicians to this subject, as one which has hitherto been too much neglected. From the best information I can obtain, there is not a dozen hygrometrical registers kept in the United States; although, at the instance of the Surgeon-general of the U. S. Army, hygrometers have lately been sent to the different army stations. No measures, however, have been taken to supply such observations in the navy, from which still more important results might be expected.

HYGROMETRICAL AND THERMOMETRICAL OBSERVATIONS for the months of November, December, January, February and March, 1824, kept at New York, by Prof. J. RENWICK, LL.D., of Columbia College.

NOVEMBER.												DECEMBER.				JANUARY.				FEBRUARY.				MARCH.			
Day.	Hour.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.						
1	9 a.m.	49	47	2	NW	55	51	4	NE	40	39	1	NW	40			E	36	32	4	NW						
	3 p.m.	50	46	4		54	52	2	E	43	43	0	NE	29	27	2		44	42	2	NW						
2	9 a.m.	48	46	2		51	50	1	NE	32	20	12	NW	16			N	36	35	1	E						
	3 p.m.	52	48	4	W	54	52	2		22	21	1		16				44	44	0	NE						
3	9 a.m.	35	44	9	NW	50	48	2		28	26	2		18	18	0	W	44	40	4	SE						
	3 p.m.	40	47	7		54	51	3	E	31	30	1	NW	22	20	2		46	40	6	E						
4	9 a.m.	44	45	1		43	41	2	N	21	21	0		10	10	0		40	38	2	NE						
	3 p.m.	48	47	1	SE	38	35	3		30	27	3	SW	24	32	-8		44	39	5							
5	9 a.m.	54	47	7	E	31	30	1	NW	25	24	1		31	29	2		44	41	3	N						
	3 p.m.	51	50	1		34	32	2		35	34	1		26			SW	48	43	5	NE						
6	9 a.m.	50	46	4	NW	37	29	8	W	29	27	2	W	40	38	2		45	41	4							
	3 p.m.	50	47	3		44	30	14		28	25	3	NW				W	54	47	7	NW						
7	9 a.m.	48	47	1		42	39	3		20	17	3		46	41	5	SW	42	41	1	N						
	3 p.m.	52	48	4		40	39	1	SW	30	28	2					SW	45	40	5	SE						
8	9 a.m.	48	47	1	NE	32	30	2	W	32	31	1	NE	26	22	4	N	42	41	1	NE						
	3 p.m.	53	49	4		38	36	2		37	35	2						46	42	4	SE						
9	9 a.m.	51	47	4		29	28	1		40	38	2		26	23	3	NE	43	42	1							
	3 p.m.	48	44	4	SW	35	30	5		39	37	2	NW				NW	44	42	2	NW						
10	9 a.m.	50	49	1	NW	36	35	1	SW	20	18	2	W	28	24	-6	SW	38	35	3							
	3 p.m.	54	45	9	SW	44	40	4		30	27	3					SW	46	40	6							
11	9 a.m.	45	44	1	W	44	43	1	NW	26	23	3	SW	41	38	3	NE	41	37	4	E						
	3 p.m.	49	47	2	N	52	48	4	SW	38	35	3		38	35	3	N	48	44	4	SW						
12	9 a.m.	48	44	4		40	39	1	N	30	27	3		40	37	3		60	46	4							
	3 p.m.	45	44	1		44	33	11		42	38	4		40	37	3		49	53	4							
13	9 a.m.					48	47	1	SE	34	33	1	NE	39	39	0	W	49	45	4	NE						
	3 p.m.	47	46	1	S	48	46	2	W	39	37	2	E	47	40	7	NW	59	52	7	SE						
14	9 a.m.	42	44			35	33	2	NW	34	34	0	NE	40	35	5	E	49	47	2	N						
	3 p.m.	50	50			38	36	2	W	36	35	1		44	38	6		56	49	7	SE						
15	9 a.m.	50	48	2		32	31	1	NW	38	37	1	SW	36	35	1	NE	49	44	5							
	3 p.m.	55	48	7		34	33	1		44	40	4		38	36	2		54	46	8	SE						
16	9 a.m.	59	51	8		26	24	2	N	40	40	0	ENE	39	36	3	N	44	44	0	NE						
	3 p.m.	66	50	16		34	33	1		43	39	4		44	40	4	W	46	45	1	E						
17	9 a.m.	56	47	9	NW	29	28	1	NE	40	37	3	NE	34	28	6	S	60	54	6							
	3 p.m.	51	49	2		40	38	2	E	45	44	1		45	38	7		51									
18	9 a.m.	59	36	23		52	49	3	S	33	29	4	N	42	37	5	NW	54	52	2	NW						
	3 p.m.	48	45	3	SE	66	53	13	SE	36	33	3	SW	44	40	4	W	52	55	3							
19	9 a.m.	49	48	1		40	40	0	W	36	35	1		34	30	4		44	44	0							
	3 p.m.	48	45	3		43	40	3		46	43	3		42	41	1		52	48	4	S						
20	9 a.m.	41	36	5	N	35	34	1		30	27	3	NE	34	32	2		49	43	6	SW						
	3 p.m.	50	49	1	W	41	40	1	SW	38	37	1	NW	36	32	4		62	54	8							
21	9 a.m.	43	37	6		31	29	2		36	35	1		32	31	1		45	45	0	N						
	3 p.m.	54	51	3	S	42	41	1	NW	42	39	3		34	31	3		50	45	5							
22	9 a.m.	45	42	3		34	34	0		27	20	7		34	32	2		36	34	2	NE						
	3 p.m.	54	52	2	SW	38	36	2		22				38	36	2		44	42	2							
23	9 a.m.	53	51	2		29	27	2		22	20	2	NE	37	37	0	N	40	37	3	NW						
	3 p.m.	52	49	3		35	34	1		24	23	1	N	42	40	2		54	49	5	SW						
24	9 a.m.	51	49	2		30	28	2	SW	20	19	1		35	32	3	W	53	44	9							
	3 p.m.	54	52	2						33	29	4	NW	46	42	4	SW	60	54	6	NE						
25	9 a.m.	47	44	3	N	36	35	-2		40	36	4		41	38	3		36	35	1							
	3 p.m.	53	51	2	NW	44	41	3	N	40	37	3		60	48	2	S	36	35	1							
26	9 a.m.	50	47	3	S	35	33	2		38	34	4	S	38	36	2	SE	34	33	1							
	3 p.m.	54	52	2	SE	40	39	1		45	42	3	SW	38	33	5	NE	36	33	3							
27	9 a.m.	57	54	3		35	34	1	SW	36	35	1	NW	32	29	3		46	42	4	NW						
	3 p.m.	61	58	3	W	45	42	3		44	42	2		30	30	0		46	41	5							
28	9 a.m.	54	52	2	NE	36	34	2	NW	34	30	4	S	32	28	4	NW	38	32	6							
	3 p.m.	55	52	3		41	39	2	E	44	40	4		40	35	5	W	40	34	6							
29	9 a.m.	47	49	-2		35	33	2	W	39	38	1						38	34	4	N						
	3 p.m.	55	42	13		38	35	3		32	28	4	NW					46	40	6	SW						
30	9 a.m.	50	49	1		38	36	2	SW	28	26	2						42	41	1	SE						
	3 p.m.	53	50	3	E	44	41	3		24								42	41	1	E						
31	9 a.m.					38	37	1	W	29	33	-4						60	50	10	W						
	3 p.m.					50	48	2		33			SE					62	53	9							

HYGROMETRICAL AND THERMOMETRICAL OBSERVATIONS for the months of April, May and June, 1824, kept at New York, by Prof. J. RENWICK, LL.D., of Columbia College.

Days.	Hour.	APRIL.				MAY.				JUNE.				
		Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	
1	9 a. m.	45	41	4	NW	60	51	9	SW	67	57	10	S	Cloudy.
	3 p. m.	51	44	7	"	66	57	9	"	72	64	8	SE	"
2	9 a. m.	41	38	3	NE	50	46	4	NW	72	69	3	SW	"
	3 p. m.	44	41	3	"	58	50	8	"	78	61	17	SE	Fine.
3	9 a. m.	32			N	60	50	10	S	70				Cloudy.
	3 p. m.	34			NW	64	53	11	"	80				Rain.
4	9 a. m.	48	41	7	"	53	48	5	NE	55	56	2	NE	"
	3 p. m.	60	52	8	W	50	49	1	"	58			"	"
5	9 a. m.	56	45	11	"	60	50	10	SW	58			"	"
	3 p. m.	62	52	10	SE	68	54	14	W	62			SE	"
6	9 a. m.	56	45	11	SW	56	50	6	NW	74	65	9	NW	Cloudy.
	3 p. m.	63	53	10	W	66	55	11	SW	78	66	13	"	"
7	9 a. m.	51	45	6	NW	60	56	4	NE	78	65	13	"	Fine.
	3 p. m.	58	47	11	"	65	58	10	N	84	66	18	"	"
8	9 a. m.	51	44	7	NE	58	52	6	NE	82	64	18	W	"
	3 p. m.	60	46	14	E	60	51	9	S	86			"	"
9	9 a. m.	54	45	9	W	60	48	12	NW	83	65	18	"	"
	3 p. m.	68	55	13	SW	62	51	11	SE	88	64	24	"	"
10	9 a. m.	60	54	6	"	60	53	7	SW	85	64	21	"	"
	3 p. m.	66	58	8	NW	72	54	18	"	88	77	11	SW	"
11	9 a. m.	59	56	3	"	56	51	5	NE	87	67	20	W	Fair.
	3 p. m.	62	53	9	"	59	48	11	SE	90	68	22	SW	"
12	9 a. m.	46	41	5	W	59	50	9	SW	90	68	22	NW	"
	3 p. m.	50	44	6	"	66	54	12	S	92	78	14	SW	"
13	9 a. m.	48	46	2	N	62	48	14	"	80	63	17	NW	"
	3 p. m.	52	44	8	NW	69	53	16	E	86	76	10	W	"
14	9 a. m.	50	47	3	NE	60	52	8	NE	74	62	12	NW	"
	3 p. m.	54	47	7	NW	70	52	18	SE	78	66	12	W	"
15	9 a. m.	49	46	3	N	60	51	9	NE	79	69	10	E	Cloudy.
	3 p. m.	59	54	6	SW	64	50	14	"	82	63	19	"	"
16	9 a. m.	58	49	9	NW	66	59	7	SE	80	70	10	SW	Fair.
	3 p. m.	60	54	6	S	70	60	10	"	92	71	11	NW	"
17	9 a. m.	64	51	13	SW	62	59	3	"	72	62	10	NE	"
	3 p. m.	67	54	13	SE	62	60	2	"	78	66	12	SE	"
18	9 a. m.	64	55	9	W	70	60	10	"	76	70	6	"	Cloudy.
	3 p. m.	64			"	70	57	13	"	73	70	3	"	Rain.
19	9 a. m.	47	46	1	E	72	60	12	"	82	57	25	SW	Cloudy.
	3 p. m.	42			NE	74	62	12	"	84			"	Fair.
20	9 a. m.	48	46	2	"	66	53	13	"	78	69	9	NE	"
	3 p. m.	52	46	6	NW	70	55	15	"	84	71	13	"	"
21	9 a. m.	38	33	5	"	72	59	13	SW	90	76	14	SW	"
	3 p. m.	50	44	6	"	78	60	18	"	92	75	17	"	"
22	9 a. m.	49	45	4	"	67	51	16	NE	78	74	4	NW	"
	3 p. m.	59	52	7	NE	70			E	81	67	14	"	"
23	9 a. m.	60	48	12	"	70	55	15	SW	72	68	4	"	Cloudy.
	3 p. m.	68	52	16	SE	73			"	80	67	13	"	Fair.
24	9 a. m.	55	51	4	NE	74	59	15	"	71	70	1	E	Cloudy.
	3 p. m.	58	47	11	E	80	64	16	"	78	73	5	SE	"
25	9 a. m.	48	43	5	NE	78	63	15	"	70	69	1	E	"
	3 p. m.	50	47	3	"	66			E	77	74	3	SE	"
26	9 a. m.	56	54	2	SE	64	55	9	NW	78	70	8	"	"
	3 p. m.	62	53	9	"	72	56	16	"	78	69	9	W	Fair.
27	9 a. m.	63	57	6	W	67	64	13	"	72	64	8	NE	"
	3 p. m.	70	59	11	"	76	62	14	SW	76	63	13	SE	"
28	9 a. m.	54	53	1	NE	70	58	12	NW	74			"	Rain.
	3 p. m.	60	57	3	"	76	60	16	W	78	75	3	"	Fair.
29	9 a. m.	56	54	2	SE	68	55	11	NW	74	68	6	N	"
	3 p. m.	66	59	7	"	72	56	16	SW	80	70	10	W	"
30	9 a. m.	59	54	5	W	72	55	17	"	80	71	9	SE	"
	3 p. m.	62	54	8	SW	78	55	23	S	78	67	11	"	"
31	9 a. m.				"	74	56	18	SE				"	"
	3 p. m.				"	76	60	16	"				"	"

From accurate tables of this kind, we can readily form scales of the drying powers of the air at all temperatures that are found most conducive to health; and thus a moist or a dry atmosphere may be selected for invalids, as the case may require. At present, physicians in the choice of climate often err; and it is quite as common for a patient to be injured as benefited by the change. Such tables, also, would doubtless lead to new modes of prevention and cure. The amount of moisture in the air, in the apartment of the patient, might be increased or diminished, according to circumstances; the former by evaporating water, the latter by exposing hot salt, lime, &c., to absorb the moisture; for the dew-point would give the exact number of grains in a cubic foot of air. In this way we might imitate the climate of any country on the globe, and perhaps save our patients the necessity of leaving home and friends to suffer the discomforts of a strange land—too often to have their eyes closed by the hand of strangers.

Permit me to suggest, in conclusion, that such observations as may be taken be published, from time to time, in your valuable Journal. Every physician in the country may thus assist in collecting materials of vast importance to our science. Daniel's hygrometer, which is the only one on which any dependence can be placed, as it is the only one constructed on truly scientific principles, may be procured of Messrs. Benj. Pike & Son, opticians, No. 166 Broadway, N. Y. (price \$14.) Or a thermometer and a thin, polished tin cup, as I have remarked above, will answer nearly as well.

On the two preceding pages are some of the hygrometrical observations made by Professor Renwick in the year 1824, at the instance of Capt. Franklin, for the purpose of comparing them with similar observations made by himself during his expedition over land in search of the N. West Passage. As the instruments of Capt. F. were, however, broken at an early period of his travels, the plan was not carried into execution, and Professor Renwick's observations have hitherto remained unpublished. It is unnecessary to state that the utmost reliance may be placed upon their accuracy.

From the foregoing tables we obtain the following results:—

	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.
Mean Temperature	49	39	33	35	46	55	64	78
Maximum "	66	56	46	50	62	70	80	92
Minimum "	35	26	20	10	34	32	50	55
Range	31	30	26	40	28	38	30	37
Mean Dew-point	40	36	31	33	42	48	53	69
Maximum "	58	53	44	41	54	59	64	78
Minimum "	36	24	17	10	32	33	46	56
Mean Difference	3.5	2.3	2.	3.	3.	6.8	11	13
Range	22	29	27	31	22	26	18	22

From observations made at the apartments of the Royal Society, London, 1838–9, we obtain the following results, which may be advantageously compared with the above for New York.

	Thermometer (mean).	Dew-point (mean).	Difference.	Extreme Range.
November	41 deg.	38 deg.	3.4	16
December	39	35	3.9	19
January	38	33	4.7	21
February	40	35	5.5	21
March	41	36	5.2	23
April	44	37	6.9	19
May	52	45	7.0	19
June	61	56	5.5	18

CASE OF ABSCESS OF THE LUNG, WITH ENLARGED AND TUBERCULOUS LIVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case possesses sufficient interest to entitle it to a place in some medical repository. The subject of it died the 23d of last month, aged 31 years. He was of middling stature, remarkably temperate in his food and drinks; but at his trade, which was that of a blacksmith, he performed an extra amount of labor, for which he received double the pay of other workmen in the same establishment. In the Spring of 1839 he returned to this, his native town, from the axe factory at Canton, Ct., in which he had worked for six or eight years, having the appearance of a man almost broken down from the effects of hard work. He soon began to recruit; so that for a year previous to the month of September last, he enjoyed a good degree of health, and was industriously engaged in agricultural employments. During the month of October last, he complained of pain in the left side of the chest, extending from the sternum around to the spine; but not to such a degree as to confine him to the house, or keep him from labor; and it was not till the second week in November that he took to the house. During his residence at Canton, he had become quite partial to the "Thomsonian practice of medicine;" so that up to the middle of Nov. he would not consent to have a *regular* practitioner called, "lest he should get a dose of calomel into him." Early in October a cough commenced, which increased in severity until the 15th of November; when during a severe paroxysm of coughing, he suddenly commenced raising from the lungs a heavy, dark-colored and exceedingly offensive matter, and in large quantity. This, to him, was evidence that the "stomach was out of order;" and he sent for a dentist, then in the village, who had read medicine, but who was partial to "lobelia," to come and give him an emetic. The doctor was satisfied that it was no case for him, and advised him to apply for more experienced aid.

On the 17th of November I first visited him. He was expectorating freely a dark-colored, purulent matter, and so fetid as to scent the whole house. There was considerable pain in the left region of the chest, which sounded dull over an extensive surface; breathing quick and laborious; pulse frequent; features sunken; countenance pale, and depicting much anxiety. The case at once developed itself. That he had suffered from a considerable degree of inflammation of the lungs, for

a number of weeks; that inflammation had resulted in the formation of a large abscess, which had suddenly burst; and that he was then almost constantly throwing up its contents, there could be no doubt. He then had no scruples as to taking *calomel*, if I thought necessary. After inserting a seton over the seat of the abscess, I prescribed the following: R. Tinct. actæ racemosa, ʒj.; tinct. sanguinaria canadens., ʒij.; tinct. digitalis and tinct. opii of each ʒj. in a dose of forty drops every four hours. Also the iodo-hydrargyri of potassium in a dose of 10 drops, to be increased gradually, every six hours. For a few weeks there was a manifest improvement in the pulse, and the condition of the patient in many respects was more comfortable; but still, little impression seemed to be made in diminishing the amount of matter expectorated. Early in December, at the suggestion of a practitioner of much experience, I put him upon the use of one eighth of a grain of corrosive sublimate in solution, with two thirds of a wine-glass of Carpenter's compound syrup of sarsaparilla, three times in the twenty-four hours. This served to keep his bowels regular, and his appetite rather improved; but the cough and expectoration did not improve; emaciation progressing rapidly; feet and lower limbs much swollen; pulse increasing in frequency; strength fast wasting; and it seemed as if his disease was rapidly approaching a fatal termination.

About the middle of December the patient discovered some unusual fulness of the bowels, but made no mention of it until about the 1st of January, at which time it had increased so as to be quite inconvenient, and by the 5th of that month he suffered so much from the distention, and so greatly was his respiration affected by it, especially when in a recumbent posture, that he was obliged to quit his bed and pass day and night in his chair. At this time his feet and legs were so much swollen that the skin gave way, and serum escaped in considerable quantity. After a few days passed in this situation, and becoming much exhausted, he again took to his bed, and by the aid of bolsters to keep the body considerably elevated he was enabled to pass the principal part of his time there. Instead of sinking rapidly into his grave, as we expected, a slight improvement was manifest in many of his symptoms; his condition became decidedly more comfortable; pulse less frequent; cough and expectoration diminishing; breathing more easy; effusion into the lower extremities lessening, and his appetite quite good:—but the enlargement of the abdomen gradually increased. For about three weeks I did not see him; but when I again visited him I was struck with the apparent improvement in his appearance; his countenance looked better; cough and expectoration nearly ceased; breathing tolerably easy; swelling of the feet and legs entirely gone; appetite abundant; pulse about 85 per minute; and but for the enlargement of the abdomen, which was now altogether the source of his greatest suffering, there seemed to be nothing in the way of his restoration to health. In one week more, his cough and expectoration had entirely ceased!

On examining the abdomen at this time; it was evident that it was the liver which was occasioning this great enlargement of that portion of his body; its lower margin could be distinctly traced far down in the right

lumbar region; from thence along midway between the umbilicus and pubis, and far around into the left lumbar region. Pressure upon it with the flat hand did not occasion pain, neither did the patient at any time complain of pain in the region of the liver. From the middle of February until the fifth of March, the subject of this disease remained free from cough and expectoration; respiration easy, but for the fulness of the abdomen and its encroachment on the cavity of the chest; appetite uncommonly good. About the time last mentioned, he expressed himself as having "taken a little cold;" there was a slight cough, which gradually increased, and was soon attended with an expectoration of purulent matter. From this time he failed gradually, with little apparent change in the condition of the abdomen, except that the enlargement increased until his death.

It may here be remarked that his appetite remained in an unusual degree during his whole illness, and that the regularity of the bowels was undisturbed. He had occasion to take a cathartic but once, during the period I visited him: and it was not until within the last ten days of his life, that the alvine discharges assumed a clayey appearance, or showed decided marks of a deficiency of bile.

Permission being granted, a post-mortem examination of the body was made the day following his death. The liver was one mass of tubercles, and enlarged in every part. A horizontal measurement from the top to the bottom of the right lobe was thirteen inches; and the transverse measurement from the top of the right lobe to the bottom of the left lobe was fifteen inches; and it weighed twenty pounds and one ounce! There was no other appearance of disease in this cavity. On raising the sternum, we found that air had escaped into the cellular membrane directly beneath this bone; and proceeding in the examination we found an abscess of the size of a robin's egg, situated near the external surface of the left portion of the lungs; and it was from this abscess, superficially situated, that air had escaped into the cellular membrane, and which was probably the occasion of a great increase in the sufferings of the deceased, during the last few hours of his life. It was from this abscess that the matter which he had expectorated during the few weeks preceding his death had originated. The whole left portion of the lungs was found extensively attached to the pleura, from the sternum round to the spine, and to the diaphragm below. On cutting into this lobe, suspended as it was by its unnatural attachment, a large abscess was found situated in its superior portion, and of a capacity sufficient to enable it to receive my entire fist! The extensive attachment of this lobe gave us a fine view, not only of the capacity of the abscess, but of its appearance; its internal surface had a membranous-like appearance, was smooth to the feel and was entirely healed. It was surrounded by a portion of the lung, which appeared in every respect healthy. The remaining portion of the lungs was in every respect healthy; there being no appearance of tubercles in either lobe.

The external appearance of the liver was similar throughout; neither did its internal appearance, when cut into, vary very essentially from its external, except that it was rather paler. The tubercles, when cut into,

presented a fatty appearance; in none of them was there any appearance of pus.

The foregoing narrative presents many interesting features:—the formation of so large an abscess; its being suddenly arrested, and this, too, when it had nearly completed its work and brought its victim to the grave; the sudden appearance and rapid progress of disease on the liver; the character of that disease; the diversion of disease from the lungs to this viscus; the perfect healing of so large an abscess; the monstrous enlargement of the liver; are among the more noticeable points in the history of this interesting and anomalous case.

JEHIEL ABBOTT.

Westfield, March, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 9, 1842.

PHILADELPHIA COLLEGE OF PHYSICIANS.

ALTHOUGH this is a venerable institution, having been organized in 1786, it does not appear to be extensively known at present. A quarterly summary of the transactions, embracing November, December and January last, was received the other day, and has afforded us much satisfaction. In order to encourage and stimulate the members, it was resolved in June last to publish a regular bulletin—and this appears to be the first of the intended series. Dr. Parrish's report on surgery is a solid, well-digested paper, reminding the reader of his excellent father's mode of expressing useful thoughts. The paper by the same gentleman, entitled "Observations on the Change of Voice, following extirpation of the tonsils," also commends itself to careful perusal. Dr. Morris has an article of interest—"a case in which death resulted from an abscess behind the pharynx." Next, Dr. Ashmead communicates a "case of death from over-distention of the bowels, producing pressure upon the diaphragm to such an extent as to prevent respiration." It is impossible to convey a just idea of the value of the bulletin, without re-publishing its pages, which we intend doing to some extent when an opportunity is afforded. By circulating liberally this specimen of the deliberations of the members, this excellent Institution will become more generally known, and an impulse will be given to other minds which may need a quickening influence of some sort to rouse them into activity.

Kentucky Lunatic Asylum.—A Committee of the Kentucky Legislature has been looking into the statistics of their Asylum, which seems to require some remodelling to keep pace with the times. In 1840, Kentucky, according to the census, had 317 lunatics supported at public charge, and 516 at private expense. The Lexington Asylum must have wide openings in its walls, since 78 patients have eloped, out of 841, in 17 years, which is one in 11. Money seems to have been expended, but not precisely in the right manner to make the insane as comfortable as

they should be. The fact is, the Committee have stretched out their tentacula, by way of ascertaining the public sentiment, without being sufficiently bold in the cause of humanity. They speak of the advantages of a carriage for the use of infirm, delicate females—a chess-board, billiard-table, library, chapel, &c. Why were they not provided years ago? Board and meat seem to be regarded by many legislators as the extent of public bounty. The heaven is at work in Kentucky, and promises to eventuate in the production of a new system of things in the management of pauper lunatics.

College of Dental Surgery.—A second annual announcement of this important Institution, has just been sent abroad. The next term, which is the regular lecture season, will commence at Baltimore the first Monday in November, and end the last of February. Long before November, we hope to present the claims of the College in such a light, that those who have any intention of becoming scientific operators in dentistry, will avail themselves of the manifold advantages of this first and only regularly constituted school of dentistry in America.

A New Medical Journal in Boston.—It will be seen by an advertisement in to-day's Journal, that some preliminary efforts have been made with reference to the establishment of a quarterly Journal of Medical Science in this city, which, instead of exciting any alarm in regard to the effects it may produce on our own long-cherished periodical, has our best wishes for its success. The gentlemen who are to be the editors, are competent to conduct its course with dignity and renown. Once or twice within the last few years, attempts have been made in this place to usher into existence a new medical periodical, but some how they were smothered in embryo. The present enterprise, it is hoped, will succeed better. We never entertained an idea of monopoly in the way of Journalizing; the wonder is, how it happens that we have been, so many years, unmolested occupants of the field. Since there is room enough for more, and talent enough in this city and in New England to sustain half a dozen quarterlies, of the highest order, it only remains for the profession to continue their liberal patronage to the Boston Medical and Surgical Journal, and withal offer such pecuniary assistance as shall likewise place the contemplated quarterly on a firm foundation. Any facilities which we can offer through our own pages, towards forwarding the operations of the projectors, is cheerfully tendered to them.

Medical Doings in Cortland Co.—When the account of the late medical county meeting in Cortland, N. Y., was transferred to the pages of the Journal, it was for the purpose of being commented upon, with a hope of making plain and comprehensible that which would to many at first sight appear obscure. So many contradictory statements have since poured in upon us, that we confess ourselves unable further to enlighten our readers. A correspondent, under date of February 21, asserts that the patient, whose treatment has been the bone of contention till all the neighboring profession are by the ears, is again in the Almshouse and very feeble. The limb, he says, has never been healed—and he intimates that an amputation may yet be necessary. In the midst of an abundance of recent

intelligence from the seat of war, we are positively more perplexed than ever, not knowing exactly what to believe. We do not doubt the veracity of any person—for with the very best intentions, and honesty of purpose, those on both sides are liable to be deceived. With these remarks we shall feel obliged, at present, to withhold any further comments, pro or con, touching the whole matter—wishing the belligerents a speedy return of peace, public confidence, and profitable practice.

Catalogue and Circular—Albany Medical College.—This annual publication is neater in its general appearance than such kind of pamphlets commonly are. Besides the list of students lately in attendance, there are inserted the names of twenty-seven medical graduates, the present year, together with the rules and regulations of the Institution, cost of study and accompanying expenses in Albany, and a complete account of all the operations performed before the class—and they were many; and, finally, an account of the additions made to the museum. This circular presents a very satisfactory state of the College, which is creditable to the city in which it is located.

Sulphur-fume Baths.—Dr. Durkee has fitted up an apartment at his Hospital in Howard street, with all the conveniences necessary for administering the sulphur and other medicated baths, according to the most approved methods. The confidence of the profession in the utility of these therapeutic agents in subduing various cutaneous diseases, as well as other chronic affections, is daily increasing; and yet but few physicians, in ordinary private practice, can find their account in supplying themselves with facilities necessary for the proper endermic application of the remedies to which we allude. It will, we presume, be interesting to those whose field of labor is not very remote from this city, to be apprised of the arrangement which Dr. D. has made at his establishment. His mode of applying the baths is in accordance with the recommendations laid down by Dr. Green, of London, in his valuable compendium of the diseases of the skin. The sulphur is brought in contact with the patient by a process of sublimation; and thus the patient has all the benefit which it is possible to receive from it without being subjected to the inconvenience of a partial suffocation, as sometimes happened under the old imperfect method of giving the baths in question.

Dental and Surgical Instruments.—An opinion is entertained by some, that the manufacture of surgical and dental instruments has been brought to much greater perfection in Europe than in America; but this, we believe, is not well founded. There is no description of surgical operations, which, in their performance, require more finely tempered or highly finished instruments, than those that pertain to the teeth, and we have had frequent opportunities of comparing the instruments employed for the performance of these, manufactured at some of the first cutlery establishments in Europe, with those manufactured in this country; and for excellence, both of temper and finish, we have no hesitation in pronouncing the preference to be due to the latter. We have cutlers in Philadelphia, New York, Baltimore and Boston, whose skill in the fabrication of surgi-

cal and dental instruments, we believe, to be unsurpassed. For the procurement of these, therefore, there is now no necessity for sending abroad. We had a pair of lower molar forceps presented to us a few days since—and there is no dental instrument, in the manufacture of which cutlers have more frequently failed to produce such as were really good, than this—made by Messrs. Daily & Arnold, of Baltimore, that surpasses anything of the kind we have ever before seen.—*American Journal and Library of Dental Science.*

TO CORRESPONDENTS.—The communications of Drs. Dixon of New York, and Aldrich of Vermont, will be inserted next week.

Number of deaths in Boston for the week ending March 5, 61.—Males, 34; Females, 27. Stillborn, 4. Of consumption, 9—lung fever, 5—inflammation of the lungs, 4—interperance, 1—croup, 6—scarlet fever, 10—infantile, 4—child-bed, 3—burn, 1—dropsy, 1—smallpox, 1—chronic diarrhoea, 1—accidental, 1—old age, 1—hooping cough, 1—teething, 1—disease of the heart, 2—debility, 2—marasmus, 1—erysipelas, 1—diarrhoea, 1—fits, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. Feb.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun F.	2, P.M.	Sun F.	Sun F.	M. of	Sun F.			
1. Tues.	29 33 33			29.32	29.45	29.57	N W	Fair	High wind—beautiful sunset.
2. Wed.	24 42 39			29.76	29.62	29.60	S W	Fair	Aurora borealis. Zodiac light.
3. Thurs.	48 55 55			29.31	29.16	29.15	S W	Rain	Rain commenced at 4 A. M. High wind.
4. Frid.	59 57 50			29.00	29.01	28.3	N	Fair	
5. Satur.	47 43 37			28.54	28.76	29.14	W	Fair	Thunder storm in the morning—rainbow.
6. Sun.	28 42 42			29.56	29.45	29.36	S W	Fair	
7. Mon.	38 44 43			29.16	29.10	29.03	S W	Rain	
8. Tues.	33 37 28			28.92	28.85	28.86	S W	Cloudy	Snow squall at 4 o'clock.
9. Wed.	4 16 18			29.36	29.50	29.49	W	Fair	
10. Thurs.	24 45 42			29.45	29.50	29.53	S W	Fair	
11. Frid.	26 48 44			29.63	29.58	29.53	S	Fair	Aurora borealis.
12. Satur.	44 49 43			29.22	29.30	29.43	N W	Fair	
13. Sun.	27 37 39			29.49	29.34	29.21	N W	Cloudy	
14. Mon.	40 43 36			28.92	28.88	28.92	N W	Fair	High wind.
15. Tues.	6 19 22			29.37	29.52	29.60	N W	Fair	[sunk to 28.00 at night.
16. Wed.	22 36 40			29.43	28.99	28.68	S E	Rain	Snow at 12 M.; rain at 2 P. M. Barometer
17. Thurs.	14 16 14			28.44	28.86	29.09	W	Cloudy	Snow squall and high wind in the night.
18. Frid.	17 29 35			29.63	29.65	29.60	S W	Cloudy	Rain and high wind in the night.
19. Satur.	50 41 30			29.10	28.95	29.18	N W	Cloudy	Rain commenced at 2 A. M. 1.13 inch fell.
20. Sun.	17 25 28			29.70	29.76	29.72	N W	Fair	
21. Mon.	18 32 33			29.55	29.52	29.52	S W	Fair	Very pleasant winter weather.
22. Tues.	20 36 36			29.50	29.44	29.42	N W	Fair	
23. Wed.	22 35 36			29.50	29.52	29.50	S W	Fair	
24. Thurs.	31 45 41			29.51	29.53	29.55	W	Fair	Aurora borealis—halo around the moon.
25. Frid.	22 35 28			29.90	29.95	29.95	W	Cloudy	Snow squalls and hail.
26. Satur.	28 30 30			29.39	29.73	29.60	N E	Snow	Rain and hail during the evening.
27. Sun.	30 37 38			29.28	29.26	29.26	N W	Fair	Fall of snow, 2.50 inches.
28. Mon.	33 43 46			29.42	29.53	29.58	N	Fair	

This month has been unusually mild and pleasant. There has been no sleighing, and little rain has fallen. The fall of snow has not exceeded 3 inches. The barometer has ranged from 28.00 to 29.95; thermometer, from 4 to 57—mean 30.50—range 53. Rain fallen, 4.13 inches.

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their aid and will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., Publisher.

DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Paregoric, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now duly acknowledged by the most eminent *Physicians, Surgeons and Chemists*, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

From Dr. Chilton, the eminent Chemist of New York.

Dr. John B. M'Munn having made known to me the process by which he prepares his "ELIXIR OF OPIUM," and wishing me to state my opinion concerning it, I therefore say that the process is in accordance with known chemical laws, and that the preparation must contain all the valuable principles of opium, without those which are considered as deleterious and useless.

New York, December 29, 1836.

J. R. CHILTON, M.D., *Operative Chemist, &c.*

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSTON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHEESEMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAD, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 481 Washington street; Smith & Fowle, 138 Washington street; Brewster, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to J. Balch, Jr. In Hartford, to E. W. Bull. In New Haven, to L. K. Dorr. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chestnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Harrell & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particular to order M'MUNN'S Elixir of Opium, as there are base imitations in existence.

F. 9—3t

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

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THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERNHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, *Secretary.*

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality.

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H. I. BOWDITCH, 17 Bedford st.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, MARCH 16, 1842.

No. 6.

REMARKS ON THE OPERATION FOR STRABISMUS.

BY E. H. DIXON, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING witnessed a great number of operations for strabismus, I have been surprised at the diversified results immediately attendant thereon; indeed, I know of no operation so satisfactory to myself both in theory and practice, that has been productive of more opposite consequences, even in the hands of some of the most astute of our surgeons. After a close examination, and a fair share of practice, I have formed the conclusion that no case proper for the operation should fail. I hope that a few hints will not be unacceptable to your readers; they are the result of sixty-one successful cases, having as yet had the good fortune to avoid a failure.

The method of examining a patient in order to discover which eye is really affected, may be thought to require little notice. This, however, is important. The following will illustrate it. A lady called upon a very eminent practitioner, and requested him to operate upon her right eye. He remarked that he saw no objection to operating on both at the same time; but she replied that the right eye only was affected. He insisted on the contrary, and refused to operate unless upon both. The lady would not submit, and incidentally fell under my notice. Well knowing the general sagacity of the gentleman, I felt the importance of a rigid scrutiny, especially as the lady herself by no means lacked acumen, rendered more evident by the ludicrous management of her eyes, whilst relating with great volubility her conversation with the doctor. I might as well say, what I subsequently learned, that this was the first case the gentleman had examined.

Fixing my eyes upon the bridge of her nose, and directing them alternately to either eye, I perceived that the left was indeed the most affected when viewed at the ordinary conversing distance; but the other was also at least two lines too far towards the nose. Increasing my distance from the patient, lessened the obliquity. On inquiring into her occupation, I found it to be needle-work; and on questioning her with regard to the sight of the right eye, she informed me it was good, though not *quite so good as the other*. Yet the *pupil was enlarged and motionless*. No female likes to hear of personal defects; so I said nothing, but immediately saw how the case stood—the right eye being almost if not quite useless, the patient depending entirely on the left, and being moreover

obliged constantly to view objects very near to it. The adductor muscle of the left eye was most constantly in use—which, by the way, I take to be the reason why the converging squint is the most frequent. Desiring the patient to fix her eye steadily on mine, at a distance of several feet, the pupil not only retained its proper axis, but without fatigue to the external rectus. This was proof enough. I operated on the right eye with success, and interdicted sewing. The patient has now not only perfectly straight eyes, but is rapidly gaining the sight of the right one.

This method of examination I have continued to follow, and find its results satisfactory. I am not aware that traumatic cause has been mentioned as productive of permanent strabismus. Such a case has, however, presented itself to me, where an operation had been attempted for its relief; of course it was ineffectual. A violent contused wound, at the outer canthus, had caused the effusion of so much lymph as effectually to prevent the action of the inner muscle; the case was of several years' standing. Here the diagnosis was plain, and should have prevented the operation. Another case was brought to me where a contusion had produced contraction of the integument at the inner canthus, the globe retaining its proper axis; yet there being none of the albuginea visible, the case was taken for a squint. Here I performed the operation of removing a piece of integument of a semi-circular form. This in a good degree remedied the defect, by drawing the integument from the globe.

The operation for strabismus has been performed in a great many ways. For myself I have always been attached to the method that required the least assistance and change of instruments. Having performed the operation sixty-one times, I have from the first avoided entirely the use of the two or three tined hook, or any other instrument to draw the eye outward, contenting myself with a blunt-pointed scissors slightly curved, and a blunt hook. With the former a snip or two is made two or three lines below the situation of the muscle, and as far inward as will avoid wounding the caruncula lachrymalis. This enables me to introduce the hook: it should be done with sufficient decision to make it penetrate at once to the sclerotic coat, and be boldly introduced under the muscle. A free and decisive effort gives less pain, and is much the most certain of success. The shape of the blunt hook is very important; if it be slightly curved, it is very apt to slip from under the muscle. It should be in its curved part, half a circle, of half an inch in diameter. This can be introduced under the muscle with as much facility as a hook but slightly curved, and when there, it will approximate the fibres, and present them fairly to the scissors, so that a single cut may divide them with all the superimposed conjunctiva. The elevation of the lid, by an assistant or any mechanical contrivance, is unnecessary; this full curve of the hook will itself separate the lids sufficiently, when fairly introduced, to enable the operator to divide the muscle in a satisfactory manner. His own fingers will amply suffice for separating the lids, when making the incision through the conjunctiva, and introducing the hook. It is not necessary to see the tendon when dividing it. This is Guérin's method.

There are cases in which the operation is not instantly successful. A few hours may elapse before the pupil becomes central, even if the

muscle is fairly divided. The following case will illustrate this. I operated on Mr. H., aged 23, for strabismus divergens. He had the power of turning the globe towards the nose with great facility, though the diverging squint was so decisive, as to render the white at the external canthus almost invisible. On dividing the muscle, the eye retained its position. Much surprised at this result, I passed the blunt hook repeatedly over the sclerotic coat, and found the muscle divided to my satisfaction. It instantly occurred to me that the inner muscle might want time to regain its power; but on requesting the patient to make an effort to turn the eye still further outward, to my surprise he did it distinctly. This seemed again to indicate failure in dividing the muscle. Repeated trials satisfied me, as well as an eminent friend, that this was effectually done, the albuginea presenting a smooth surface. At my friend's suggestion, I divided the conjunctiva more freely, both above and below. Still the patient constantly retained the *voluntary* power of turning the eye outward.* The next morning the eye was perfectly straight, and continues so. The proper explanation of this case may doubtless be found in the external fibres, and perhaps the whole of the superior and inferior recti muscles, assuming between them the office of the abductor muscle. In truth they had been constantly acting to produce the same result as the abductor, during the patient's whole life time. This result in my opinion must follow when the globe loses its equipoise outward. I have seen no case in which I thought the practice of dividing the inferior or superior oblique muscles at all necessary; indeed it is difficult to conceive them to act in any other way than as antagonists to the recti muscles, besides the slight rolling motions they are known to perform. I regret that any unfortunate results should have attended this beautiful operation, and hope that these few remarks may help to shield it from unmerited aspersion. Danger to the eye, there is none, unless in the most barbarous hands.

March, 1842.

TRAVELS IN EUROPE AND THE EAST, BY VALENTINE MOTT, M.D. & P.

[Communicated for the Boston Medical and Surgical Journal.]

It may, perhaps, be deemed unnecessary to call the attention of the profession to this work of our distinguished countryman; for so widespread is his reputation, that whatever falls from his lips or his pen will be eagerly sought after, and as faithfully treasured up and pondered. Honored as Dr. Mott has been at home, and none have been more so, no one has conferred greater honor, in return, upon our country abroad, or contributed so successfully to exalt the character of the profession in the United States, in the estimation of foreigners. Gratifying, indeed, must it have been, to be hailed as the *first living surgeon*, by the very Nestors and patriarchs of European surgery, and to receive those honors, usually paid only to crowned heads. To say that Dr. Mott's foreign tour was but a continued triumph, would be but a simple expression of the truth; and for

* Is not this fact proof that the recti muscles were the agents in this movement?

this we are rather indebted to his *campanions de voyage*, than to his own account of his travels. Wherever he went, even to the country of the pyramids, and the moslem, he found his fame had preceded him; and **had** he continued onward by the overland route to India and thence to China, and home by the Pacific and the Rocky Mountains, he doubtless would have found that his name had gone before him, and his reputation had out-travelled him. And yet, hailed by acclamation, on both sides of the Atlantic, as *the great American surgeon*, Dr. M. has borne his honors meekly as the humblest; instead of trumpeting his own exploits, as some have thought it their duty, and found it necessary to do, he has in numerous instances left it to others to describe his masterly operations, and publish to the world his brilliant achievements in operative surgery.

So ardent is the strife for professional eminence, that blind jealousy too often seeks to pluck from the brows of merit the well-earned laurels, with which fame has entwined them; but in the present instance, so transcendant have been the achievements of our countryman, that even jealousy, envy and detraction have stood abashed; and all have united in tendering that meed of honest praise, so frequently but the award of posterity!

It is impossible, within the limits of a short notice like the present, to convey any adequate idea of the contents of the work with which Dr. M. has favored us. A great portion of it is devoted to such subjects as are particularly interesting to the profession; matters relating to medical science; details of interviews with some of the most distinguished physicians and surgeons of the age; visits to the more celebrated hospitals, museums and medical schools; an account of the various endemial and epidemic diseases which prevail in the countries which were visited; remarks on the physical and social relations, habits and customs, mental and corporeal pursuits, localities and climates; in short, everything which seems to illustrate the progress and present condition of medicine and surgery, appears to have fallen under his notice, and is faithfully recorded "for our learning."

A few brief extracts will serve to show the style and character of the work.

"*Roux, of Paris.*—Upon M. Roux, the distinguished successor of Dupuytren, it is my duty as well as my pleasure to bestow a passing encomium for his surgical attainments and personal worth. He possesses in an eminent degree the high-minded qualities of a private gentleman and the true attributes of a great surgeon. A steadiness and a boldness of execution are prominent traits in his character as a surgeon. This confidence emanates from the immense opportunities he has had in the practice of his profession. One instance will illustrate the truth of my remark. But a few days before I left Paris, and next to his last visit to my house, he insisted upon my coming to witness some of his operations for the last time; after which, in walking with him from the Hospital, and in speaking of his frequent performance of certain operations, he stated to me that he had *extracted the cataract more than six thousand times*; and having just witnessed him perform the lateral section of *lithotomy*, and bestowed upon it my commendation, he added that he ought to be

expert in it, having performed that important operation about *six hundred times*!

"*Velpau*.—My next interview was with the justly distinguished Velpau, a surgeon with whom I had long been in correspondence, and whom I felt that I already intimately knew before the pleasure I had of meeting him face to face upon his own element in the noble Hospital of la Charité. No man could have treated a brother more kindly and cordially than he did me. Velpau ought to be the admiration of every one, for, from the humblest beginning of an uneducated, poor boy, he has, by his own unaided efforts and unflinching ambition, risen to the most distinguished rank in his profession. He is an able operator, an admirable teacher, a profoundly minute anatomist, and by far the most scientific and best-read surgeon I have ever met with. His works, apart from his lectures, give abundant evidence of the truth of this remark.

"*Civiale*.—But the Hospital of Necker must not be forgotten: for here presides the ever-illustrious and unrivalled Civiale, the projector and the author of that greatest of all triumphs for science and humanity, of that master-innovation in the treatment of calculus, the operation of *lithentrixy*. How much pain, how much agony, has not this great and good man saved to his fellow creatures! And how perfectly in keeping with his mild and unpretending demeanor, and his benevolent heart, has been the victory he has gained over one of the most afflicting and excruciating torments which it is the lot of mortals to endure. Civiale is, in truth, one of the noblemen of our profession, in all the charities that adorn our nature. In his speciality, of all the men I have ever seen, for delicacy of tact and adroitness of execution, he surpasses. It is utterly impossible for any one to imagine the highly finished style of his manipulations. I have often remarked to the pupils of our country during my residence in Paris, that a visit to Civiale would alone amply compensate them for their journey to France; and that it was worth all the expense to a young man to learn a lesson from him. For it would teach him, above all other things, what apparently almost insurmountable obstacles persevering resolution and matchless skill in the use of instruments can overcome. Happily for the honor of mankind, and for the gratitude of those who owe to him their exemption from the anguish of a distressing and excruciating malady, he has been richly rewarded for his noble discovery, and amassed a fortune which is not exceeded by that of any of his brethren in the French capital.

"*Broussais*.—Immediately following his death, a bronze statue of this eminent physician, of the size of life, was cast by order of the Institute. I saw it at the foundry. He is seated in the chair of his library; his noble form, of Roman-like grandeur, stern as he looked—erect and commanding. Under one foot, prostrate in the dust, lie the ponderous tomes of Hoffman, Boerhaave, Van Swieten and Cullen, occupying the position in which his doctrines placed these justly-revered fathers of medicine, who for him had lived and labored in vain. In his right hand were seen the volumes of his own dear system of physiological medicine. Alas, what presumption! Great as was the merit of Broussais, is it not consummate weakness, pride and folly, to have falsely represented him

thus, as having annihilated, by one stroke of the pen, such treasures of wisdom and of practical experience, of laborious research and profound acumen, as are scattered like pearls and diamonds through the pages of these immortal authors?

"*Baron Larrey*.—At the age of almost *fourscore*, this veteran in surgery, having survived a *hundred campaigns*, reposes upon his laurels in his favorite capital. Did ever any man, in ancient or modern times, witness one-tenth or one-hundredth part of the bloody scenes of battle that he has participated in? What surgeon has ever looked upon and been in the midst of such awful carnage? From the burning sands of Egypt, to the frozen snows of Russia, and the final close of the drama at Waterloo, he was ever by the side of his beloved chieftain.

"He told me on one occasion—for I may with pride say that I enjoyed the intimacy of this great surgeon, whom Napoleon, in his will and elsewhere, often speaks of as 'the best of men'—that for twenty years of his life he slept, it may be said, on the same straw, and was wrapped in the same cloak, with his great master.

"I very much question whether any man since the days of Ambrose Paré, ever enjoyed the confidence and esteem of the whole army as much as Larrey. This I myself have witnessed again and again in his walks through the Hospital of the celebrated Invalides at Paris, of which he was Surgeon-in-chief. It was delightful to behold the almost religious veneration with which his old companions in arms received and welcomed him as he passed from bed to bed. The eyes of these decrepit warriors would glisten with joy at his approach; and if sad from suffering, he would cheer their drooping spirits by recounting to them some memorable victory in which they had both participated. I have heard him sound in their ears the magic words, Lodi! Marengo! Austerlitz! and Mont Tabor! and the effect was electric and wonderful. It was like the neighing of the war-horse at the sound of the trumpet. Can this be wondered at, when they saw in the person of Larrey the very form and figure—'the counterfeit presentment'—of their great captain; and when they saw and knew too, that the favorite *tri-cornered chapereau* which Larrey wore on his head as he walked from ward to ward, was that identical hat, made for and worn by Napoleon himself, and by him presented to Larrey, because, as Napoleon delicately remarked, it seemed to fit him best. This incident of the present of the hat was related to me by Baron Larrey on one occasion, when I was accompanying him through the Invalides, when he pleasantly transferred the hat from his own head to mine, and added that *that* hat Napoleon had worn.

"As an illustration of his immense experience, he told me that he amputated *fourteen arms* at the *shoulder-joint* the morning after the battle of Wagram, and that he performed more than *two hundred amputations* after the battle of Austerlitz; and persevering in his efforts to relieve the wounded soldiers, his knife fell powerless from his exhausted hand.

"*M. Seutin*.—Netherlands has produced men of great merit in our profession; among whom I must be permitted to name M. Seutin, the author of the new system of healing fractures, now much adopted in that country and in France, denominated '*La Bandage Immobile*,' or

'*L'Appareil Amidonné*,' so called from the starch or *dextrine* with which the bandages are saturated, forming, when they and the successive layers of pasteboard are dry, an *immoveable* encasement to the limb, as much so as if it were enclosed in a dried paste envelope of plaster of Paris. An admirable contribution to practical surgery under many circumstances.

"We had the happiness of knowing the author, and of being shown by him every step of the process, and of hearing his proofs and arguments in favor of it. As is natural to an inventor, he is perhaps more enthusiastic in its favor than many who listen to and witness his illustrations. Many surgeons, with great justice, will object to the immediate application of this apparatus at the moment of fracture, and of this number we profess ourselves to be, from a fear of the perfectly inelastic character of the *appareil*, and the natural tendency we all know there is to vesications and excoriations when a recent fracture is too tightly bandaged, and the heat thereby is made to accumulate.

"From instances which I have known of severe inflammation caused by this practice, extending frightfully through the limb, and from suppurations permanently impairing the functions of motion, I would advise great circumspection in the use of it immediately after a fracture.

* * * * *

"But unquestionably, after the inflammatory symptoms have subsided, this process adds vastly to the comfort of the patient, and abridges greatly the irksomeness of confinement.

"Seutin, however, stoutly maintains that an important part of the efficacy of his method consists in its immediate application after an injury. He cited to me examples of attempts made to depreciate his practice, in which the application was delayed for a number of days instead of being used instantly, as he insists it should have been.

"In army practice, where soldiers are to be transported, and in civil life also, under such circumstances, Seutin's method will be in every point of view justified.

"As for ourselves, we admire the simplicity, the everything surgical, in the admirable dressings of the *modern father of military surgery*, Baron Larrey.

"His flat and cylindrical cushions of rolled-up straw sewed in common linen cloth, composed thus of materials accessible on all occasions, and which are placed longitudinally next to the limb and beneath the splints, forming with the latter an open framework around it, have an advantage over all other dressings, by their elasticity, coolness and cleanliness, and at the same time giving an opportunity for the limb to be daily examined.

"This simple and cheap apparatus is, in fact, an imitation of Nature herself in the adjustment of the action of the long muscles, by which their antagonist powers, in an unfractured healthy limb, exert, like so many levers, a proper equipoise of extension and flexion in preserving the bones in a correct position upon their hinges or joints.

"*Hospitals in Vienna*.—There is an immense civil general hospital connected with this school, and it is, in my opinion, the best regulated, the most perfectly neat and admirably ventilated, and the most practically

useful in all its arrangements, of any establishment of the kind in any part of the world. They have adopted a practice there deserving of imitation everywhere. It consists in placing at the head of the bed of every patient a *label*, with a brief history of the case, and all the prescriptions which are addressed to the malady. This gives great facility to the student, and to all professional persons who visit the hospital, thereby enabling each not only to see the name of the disease and the method of treatment pursued, but sparing also the patient from the annoyance of harassing interrogatories, one of the greatest evils to the sick in public institutions. We trust this practice will sooner or later be universally adopted.

"The hospital, including the ophthalmic department, is composed of no less than *twelve spacious quadrangles*, and accommodates about *four thousand* patients, which will give you some idea of its astonishing magnitude.

"Yet, besides this, there is a large *military* hospital, with a rich, extensive, and most beautiful museum, altogether furnishing, with the *civil* establishment, unsurpassed opportunities for professional instruction, and made admirably and usefully tributary to the University, one of the most flourishing in Europe.

"Though this University is not distinguished for the promulgation of any particular doctrines in medicine, nor for having struck out any new path in operative surgery, the professors nevertheless are eminent in their respective branches; and though they have, for the most part, not wandered far out of the usual routine of practice, still their course has been *pari passu* with the great improvements of the day; and as an evidence of the reputation they enjoy, they attract to the capital from six to eight hundred pupils annually.

"Among others of our profession at Vienna who are ably endeavoring to advance the reputation of sound medical science on the only secure basis upon which it can march, that of practical experience at the bedside, and in autopsic examinations, we must, before concluding our visit to this capital, not omit to mention Professor Rokitansky and Dr. Akoda. The former (Rokitansky), professor of pathological anatomy, availing himself of the wide field of inquiry which his position gives him, has, after years of the closest and most diligent application, recently published a work, than which none was more wanted by the profession; and which, being a faithful description of what he himself saw in more than *twelve thousand dead bodies*, and a well-digested theory of the greater number of morbid processes, which he has minutely traced throughout their stages, will form a most invaluable accession to pathology and therapeutics. Akoda, now *Primarius* in the General Hospital of Vienna, has, after a number of years of the most laborious application to the subject of percussion and auscultation, brought out a great work on those modes of applying the principles of acoustics to the illustration of pathological phenomena, which will probably give it the precedence over all others. It is founded wholly on his own observations on the living subject, confirmed by numerous post-mortem examinations. Akoda believes that he has succeeded in reconciling nearly all the phenomena of

respiration, circulation, &c., with the laws of physics as observed in inanimate matter. I am gratified in being able to announce that my friend, Dr. Arthur Fisher, an American physician, now abroad, is engaged in translating both the above works into the English language."

Such are a few sketches taken at random from the pages of the work. They will suffice to show that our commendation is not unmerited. We trust that the amiable author may live many years, and shed additional lustre upon the science which he has done so much to honor and improve.

L.

ENURESIS—A CASE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As pathologists attribute the origin of this troublesome disease to different causes, I have drawn up the following particulars of a case which came within my observation, for publication, provided you think them worthy.

Miss Emeline Wilcox, aged 15 years, of tolerable good health, and rather of a sanguine temperament, was attacked with *enuresis*, free from any pain, but with a sense of weakness in the lower extremities. The power of retention was much diminished when walking, or in a standing position. Six months after the commencement of these difficulties, she became subject to severe lancinating pains, at times, in the lumbar region and vicinity. From this time the urine exhibited a muco-purulent character, which continued till her demise, which took place the 5th of January last. At times the maxillary glands would become very much enlarged, exhibiting a scrofulous appearance, and then would approximate to their former condition. For the last six months she had a hacking cough, but it was at no time severe; nor was expectoration as profuse as would be expected from the abnormal appearance of the lungs. The treatment in the first part of the disease was such as is generally practised in enuresis—viz., blisters to the lumbar region, tinct. cantharides, balsam copaiva, tonics, &c. The treatment in the last part I am not able to give, as it has been mostly empirical.

The body was examined twelve hours after death, by Drs. C. Spencer, J. Crowley and L. W. Guernsey. The following are the pathological appearances, as given me by my preceptor, L. W. Guernsey, not being present myself.

Right lobe of the lungs studded with tubercles, and mostly in a state of suppuration. Left lobe filled with tubercles, but not in so general a state of suppuration as the right. Heart and liver exhibited their normal appearances, excepting some adhesions of the liver. Mesentery tuberculous. Kidney and ureter on the left side natural. Kidney on the right side diminished in size, and completely filled with pus, some of which had escaped among the pelvic viscera. Ureter enlarged to the size of a man's little finger. On removing the bladder and cutting into it, the parietes were found thickened to nearly half an inch, and to the eye it was capable of holding not more than three ounces of fluid; it contained a quantity of scrofulous pus, and its mucous coat was almost

entirely destroyed by ulceration. Uterus and its appendages natural. The stomach, near its cardiac orifice, presented a perforation, caused by an ulcer of sufficient size to emit its contents; otherwise it appeared natural. Head not examined.

As no calculi were detected in the bladder or kidneys, which is to most pathologists the grand nucleus of their theory respecting the cause of this malady, I have thought that it is oftener the consequence of renal mischief, whether there are calculi or not, than is imagined; and the affection of the lungs, &c. is only (as in my opinion was the fact in this case) a secondary trouble originating from an inflamed state of the membranes, which are well known to be very intimately connected. There is no doubt but the proximate cause of incontinence can sometimes be discovered to be some fault in the assimilatory organs employed in converting alimentary substances into the proper animal fluids; but it is oftener owing to some primary excitement, a morbid action originating and seated in the kidneys themselves.

LEVI ALDRICH.

Shrewsbury, Vt., February, 1842.

ON MUCO-PURULENT SECRETION OF THE ANTRUM MAXILLARE.

BY S. P. HULLIHEN, WHEELING, VA.

THIS somewhat rare but painful disease is, doubtless, the result of a morbid secretion of the membrane lining the antrum maxillare. It is evidently constitutional in its nature, and probably of a scrofulous character.

Like most diseases of a constitutional diathesis, it appears to be always more or less mild or malignant, just in proportion as the constitutional taint or predisposition is strong in the patient; and this must serve to explain the great difference in the severity of the disease in different patients.

Among the first indications of the disease is a slight inflammation in the pituitary membrane, and differing only from a common cold in being almost exclusively confined to one nostril. As the inflammation progresses, the nostril, in consequence of a thickening of its membrane, closes; the tonsil of that side becomes enlarged; the eye always filled with tears, and a yellow watery discharge is almost continually flowing from the nose on the affected side. The length of time the disease is assuming this stage differs very widely in different cases.

The second stage is marked by a slight fetid muco-purulent discharge from the nostril, which in severe cases is of a very thick consistence. The yellow watery discharge still continues, but generally not so frequent as the purulent form. The thickening of the pituitary membrane gradually subsides, the nostril opens, and in this situation the disease remains for a shorter or longer period, until the antrum, which is scarcely ever suspected of being involved in the disease, becomes filled with an altered secretion from its lining membrane.

If then the disease is mild in its form, a pain of neuralgic character will probably be felt over the eye for some time. Then a slight uneasiness in the antrum, and often a sensation of fulness on that side of the

face. The discharge from the nostril will be sometimes watery, sometimes glairy, always very fetid, excoriating the nostril and blocking it up with troublesome incrustations. The disease is not unfrequently mistaken for ozæna, and may occasionally remain in the situation just described several years before the walls of the antrum give way, and the true nature of the disease is revealed.

But where the disease is more malignant in its nature, in addition to the symptoms that accompany the milder form, a sensation of great weight or pressure will be felt in the antrum; after which a dull deep-seated pain supervenes; which is followed by an acute pain darting into the ear, through the temple and scalp, and over the eye in the direction of the frontal sinus. The eye waters incessantly; a thin sanious discharge is constantly passing from the nose. The cheek begins to project, the teeth to protrude from their sockets, the walls of the antrum at last give way, and a dark-colored secretion, very thick and fetid, of a slimy consistence, begins to escape through the opening. This generally takes place during the first year of the disease.

Now, in the first stage of this disease, it is evident from the thickening of the pituitary membrane, that the duct between the antrum and nose becomes closed, and judging from the state of this membrane in the second stage, it is likewise evident that the duct re-opens before the antrum becomes filled with an altered secretion. The bursting then of this cavity from an accumulation of secretion within it, does not appear to proceed from the closure of this natural opening, but must be attributed to the character of the secretion itself. In the milder forms of the disease, the secretion being thin, it doubtless is discharged freely through the duct. But in the more malignant, the secretion is of such a consistency as to prevent the possibility of its free escape through such an opening; its accumulation is therefore inevitable, and the bursting of the antrum is the consequence. The state of the teeth appears to have no agency whatever in producing this disease. Where it is most mild, the teeth are sometimes much decayed; and where it is most malignant, they are frequently sound. The apparent soundness of the teeth alone, however, is far from always indicating the true character of a disease in the antrum. A tooth may be apparently free from disease, and yet from the absorption of the gum and alveolus, the fangs may be so much exposed, and the nerve so much irritated from extreme degrees of heat and cold, as to induce inflammation in its internal membrane, and finally suppuration, and an abscess may be the result.

Treatment of Muco-purulent Secretion of the Antrum.—The character of the disease now under consideration, requires both local and constitutional treatment.

On the milder form of the disease a perforation into the antrum, after the manner laid down in the first stage of abscess of this cavity, may be performed. But where the walls have already given way, and where the disease is malignant, the opening should be made with reference to the state of the bony parietes of the antrum, which are generally more or less carious.

Where the bones are but slightly involved, the opening should be made

to embrace if possible all the diseased portion; but where the caries is too extensive for this, the opening may be made of such dimensions as will enable the operator to examine fully the extent of the disease, and to remove with certainty all loose and diseased portions of bone.

After this the patient may be directed to syringe the antrum twice a day with a solution of the chloride of lime, which may be occasionally changed for a solution of the muriated tincture of iron, of lunar caustic or sulphate of zinc. The washes should be very weak at first, and gradually increased in strength until their effects are sensibly felt in the antrum for some time after each washing.

The patient will be now likewise ready for the constitutional treatment, and may be delivered over to a physician to be treated after the manner of other constitutional diseases of a similar nature. If this be neglected, the local treatment may, it is true, often have the effect of gradually diminishing the discharge, and sometimes of checking it entirely for a time, until some derangement in the general health of the patient occurs, and then a renewed discharge from the antrum will most probably ensue. The condition of the general system must be first changed before a cure of this disease can with certainty be effected.—*American Journal of Dental Science.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 16, 1842.

THE STOMACH-PUMP.

THE tube of this instrument is to be introduced in the same manner as the œsophagus bougie. It is usual to place a gag in the patient's mouth, having a hole for the tube to pass through, in order that it may not be compressed by the teeth. Before pumping out the contents of the stomach, one or two pints of water should be injected into it, and care should be taken *not to withdraw quite as much* as was injected. More water should then be thrown in, and the process should be repeated till it returns colorless.

The stomach-pump is by no means so universally efficacious as is popularly supposed. It ought only to be employed in those cases of poisoning by opium, or alcohol, or other narcotics, in which the stomach and nervous system are rendered so insensible that vomiting cannot be excited. For in the first place, the operation is not free from danger. It is a well-established fact, that a tube may sometimes be passed into the trachea of a sensible person without creating any peculiar sensation, or exciting cough; but if the patient be insensible, that accident will be much more liable to happen. In fact, a case is on record in which a meddling surgeon, with more zeal than knowledge, did actually pass the tube down the trachea, and injected the lungs with chalk-mixture, which he had far better have permitted his luckless patient to have swallowed quietly; and Sir C. Bell tells us that he has seen on dissec-

tion both lungs filled with broth, which was intended to have been injected into the stomach. Again, it is known that in one case the mucous membrane of the stomach was sucked into the holes of the pipe, and torn into strips—a thing likely to happen if the stomach is pumped too empty. Besides, this artificial evacuation of the stomach is by no means so efficacious as free vomiting, assisted by plenty of diluents. Lumps of arsenic were left in the stomach in the very case just cited, in which the mucous membrane was torn. But yet surgeons have been reprimanded by attorney-coroners, and respectable juries, for not using this instrument, even in cases in which it must have been either useless or injurious. These are the fruits of permitting the office of coroner to be filled by men who have no knowledge of the subjects that they are required to sit in judgment on.

[The above is copied from the 374th page of Druitt's Surgeon's Vade Mecum—an admirable English book of reference, which we regret no publisher has yet ventured to re-publish in this country. Only a few copies of the last London edition have been on sale in Boston, and it is presumed to be quite as scarce in the cities at the South and West. Those who have once examined into its various merits, speak of it in terms of unqualified praise—and we cannot but hope that some enterprising bookseller will soon put it to press.]

*Lectures to Ladies on Anatomy and Physiology.**—Mrs. Gove, the spirited authoress of this work, is extensively known in all our principal cities as a popular lecturer on the sciences upon which she has now written. Her object has been to instruct her own sex in the great laws of life, by explaining their delicate organization, and the abuses of the age in regard to customs which enfeeble them in youth and shorten their days. A consciousness of being the herald of truth, together with a cogent method of addressing her fair auditors, have undoubtedly contributed to her success in the sphere to which her benevolent labors have thus far been confined. All liberal-minded medical men have given countenance to her efforts, because they saw a need of reformation, and there was nothing objectionable or indelicate for one woman to tell another those important facts which men study with a view to ameliorating their sufferings and promoting their health and longevity. An examination of these published lectures convinces us that Mrs. Gove's power lies chiefly in oral efforts, and that in writing she is less forcible, and therefore less interesting, than when speaking out, untrammelled, from the full fountain of a kind heart. That Mrs. G. has fortified her mind by extensive physiological study, is obvious; and there is merit of a high order in having achieved so much under circumstances the most discouraging, as we understand, in her personal history.

As a matter of principle, we were disposed to like the book, even before its character had been investigated, because the object was praiseworthy, and we entertained a respect for the motives that prompted the authoress to strike out this bold course in a country where ladies have been too negligent of the laws of health, and sometimes apparently proud of being profoundly ignorant of the mechanism of themselves. Anatomy is a delightful and elevating study; and if it is necessary for man to

* *Lectures to Ladies on Anatomy and Physiology*, by Mrs. Mary S. Gove. Boston: Saxton & Pierce. 12mo., p. 300. 1842.

know its first principles, it can be no less important to females. In saying this, however, we beg not to have any one suspect that we advocate skeletons in village schools, or dissections at tea-parties. Useful knowledge becomes a woman, let it embrace whatever department it may.

But to return to the consideration of the book: it disappoints our expectations in two or three respects, and to prevent a recurrence of its faults in any future edition, we point them out to Mrs. Gove, not to wound her feelings or to humble her ambition, but solely to show that she deserves more commendation than she will get, and to assure her that she need not borrow light, so long as she has a fountain within herself. In the first place, she quotes too much from those who are altogether her inferiors in knowledge. Again, Mr. Graham is the idol of her adoration—a most unlucky predilection. The age of calf-worship has happily passed away. One or two years of thought will convince Mrs. Gove that it is poor policy to engage a passage in a sinking ship. Of all the great farces of the day in which vulgar minds have been made the tools of charlatans and prating mountebanks, the Graham dietetic philosophy is the most grossly absurd; and doubly so, from the unblushing impudence, officiousness, and offensive self-esteem of its propagator. It may gain Mrs. G. the applause of some whom she cannot very highly respect, in thus flattering the over-weening vanity of her magnus Apollo; yet in the end it will operate against both her influence and her prospects.

Having expressed unreservedly just what we feel, we will conclude by saying that we wish Mrs. G. success in every undertaking in which the happiness of our race is concerned. As it might be thought ungallant not to urge our friends to patronize the work, we do so very cordially.

Dr. Handy's Valedictory Address.—This was delivered before the Baltimore College of Dental Surgery, at its second Annual Commencement, February 18th, 1842, by W. R. Handy, M.D., Professor of Anatomy and Physiology. The discourse was well-timed, appropriate, and creditable to the intelligence, learning and literary acumen of the author. We have known enough of the reputation of Dr. Handy for a long while to expect him abundantly able to do credit to himself or to any institution with which he may be associated, on an occasion like the one that has been productive of the address before us. That he is a man of sound discretion, is inferred from the fact that he actually closed when he got to the end: in other words, he stopped when there was no more to be said. One of the lamentable evils of public lectures, and popular addresses, is their interminable length. The doctor's motto, *patientia, perseverentia, et vincit omnia*, is strongly recommended to the craft in general, beyond the precincts of the Baltimore College.

First Principles of Medicine.—Messrs. Lea & Blanchard have furnished the medical public with an American edition of this celebrated production by Archibald Billing, M.D., &c., in a large octavo form of 304 pages, which recommends itself in appearance to the intelligent physician. We have not yet had time for a thorough examination. In the mean while, copies may be had at Mr. Ticknor's, Washington street—one of the principal depots in Boston for medical books.

Dr. Mott's Book of Travels.—Some praise, and more abuse, this book; but till a copy is placed at the disposal of the Journal, we shall of course be wholly unable to judge of the merits of a work that seems to invite severe criticism from all kinds of periodicals.

Berkshire Medical District.—At a meeting of the Fellows of the Massachusetts Medical Society, residing in the County of Berkshire, for the purpose of re-organizing the Berkshire District Medical Society, it was voted, "That we now proceed to re-organize this District Medical Society," and the following gentlemen were elected officers: Dr. Wm. H. Tyler, *President*. Dr. Royal Fowler, *Vice President*. Dr. Robert Worthington, *Secretary*. Dr. Millen Sabin, *Treasurer, Librarian and Cabinet Keeper*.

A New American Speculum Ani. MR. EDITOR,—It is with no small degree of satisfaction, that we announce to the medical profession, through the medium of your valuable Medical Journal, that Dr. J. T. Pitney, of Auburn, New York, has invented two surgical instruments, which he has denominated "The Forceps—Speculum Ani, with its accompanying Levator."

The distinguished surgeons whose names are given below, have expressed themselves thus in regard to it: "In our opinion, these instruments are altogether superior to anything of the kind we have ever seen or used, for facility of introduction, expansion, and exposing to view, fissures, ulcers, and other diseases of the anus, and lower part of the rectum—by which, applications to these lesions can readily be made and operations performed. We think every medical gentleman in full practice, would furnish himself with these instruments, if he could see them once used, and compare them with other anal specula. They can be had of William R. Goulding, the maker, in this city, at No. 35½ Chatham street, who will also furnish specific directions for the proper manner of using them.

VALENTINE MOTT, M.D.

New York City, Nov. 25th, 1841.

JOHN C. CHEESMAN, M.D."

DIED.—In South Berwick, Me., Albert Bartlett, M.D., son of Hon. Ezra Bartlett, of Haverhill, N. H., 27.

Number of deaths in Boston for the week ending March 12, 47.—Males, 21; Females, 26. Stillborn, 1.

Of consumption, 4—scarlet fever, 11—dropsy on the brain, 2—infantile, 2—accidental, 2—dropsy, 2—fever, 1—tumor in the bowels, 1—child-bed, 3—apoplexy, 4—hooping cough, 1—typhus fever, 1—sle, 1—teething, 1—lung fever, 3—old age, 2—rupture, 1—rheumatic fever, 1—disease of the heart, 1—smallpox, 1—worms, 1.

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, *Central Depot, No. 19 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—c3wly

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No. Boston, March 1, 1843.

D. CLAPP, JR., Publisher.

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE.

OTIS CLAPP, 12 School street (up stairs), has just received the above-named work, in two vols., edited, with annotations, by Dr. Hull, of New York. Vol. 1 contains the Materia Medica, and Vol. 2 the Repertory of Homœopathic Symptomatology, with Clinical Remarks. These volumes contain over 1400 pages, and their use is indispensable to the Homœopathic practitioner. Price \$3 per volume, paper covers; \$1.50, bound. Also just published, Jahr's new Pharmacopœia of Homœopathic Medicine translated by Dr. Kitchin, Philadelphia. Price \$3.

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GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8.—601f.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 23, 1842.

No. 7.

INSANE ASYLUMS IN THE WEST.

[We have already alluded to a pamphlet on the proper provision for the insane, by Dr. E. Jarvis, of Kentucky. The following are his concluding remarks, in which he sums up whatever is most important to a well-constructed and well-managed insane asylum. They will be read with interest by all who realize the importance of the subject.]

From this examination we are led to the melancholy confession of the want of due provision for the comfort and the cure of the insane sufferers of the western country. In this broad and rich valley, from the lakes to the gulf of Mexico, from the Alleghanies to the Rocky Mountains, embracing a sane population of more than five millions, and a lunatic population of more than four thousand, with no deficiency of wealth, skill, or benevolence, we have but four asylums for the insane; and these could not contain a tithe of all who might be subjected to their influence, and not a fourth of those who could be benefited by them.

Even these hospitals, however excellent some of them may be, are intended primarily for the poor, and are therefore prepared and conducted in a style necessarily more economical than the richer classes would willingly pay for, or could enjoy with advantage. And our pauper lunatics are sufficiently numerous to exclude all others. To accommodate this unfortunate class, we ought to have public asylums in Indiana, Illinois, Missouri, Arkansas and Mississippi. And besides these we want then another asylum in the West, one of more elegant accommodations than ought to be expected in any State institution. The rich and the luxurious, the refined and the cultivated, are as liable to be bereft of their reason as their less fortunate brethren. There is a manifest propriety in providing for them in their sickness, buildings and comforts somewhat corresponding to what they enjoy in health. And we have no doubt, that an asylum of elegance and convenience, similar to the private institutions in the eastern States, if established near the great navigable thoroughfare of the western country, would soon be filled with patients, and do an immense service to society, and save many valuable citizens from irretrievable loss.

We want a hospital, in the West, to be planned and constructed, furnished and administered, according to the best ideas of the present age. From its very inception to its final operation nothing should be overlooked or spared, that could directly or indirectly bear upon the comfort or the cure of the insane. Such an asylum should be situated near

to the great thoroughfare of the West, near to the Ohio or the Mississippi river, for the convenient access of patients. "The situation chosen should be healthy. It should possess the advantage of a dry cultivated soil, and an ample supply of water; it should be so far in the country as to have an unpolluted atmosphere, a retired and peaceful neighborhood, and yet be so near a town as to enjoy all the comforts and privileges, and intercourse, which can only be obtained in large communities." Their daily wants can be better supplied, and the objects of interest can be much more easily and readily varied in the vicinity of a good market-town, than in the midst of a sparse population.

The location should not be a dead, flat surface, nor in the midst of tame scenery. But "if the buildings be placed on the summit or the slope of a rising ground, the advantages are incalculable." "To some the beauty of wood and water, hill and dale, convey grateful impressions." "To all a succession of new, and varied, and healthy impressions must be imparted." There should be a large farm connected with the establishment, for cultivation, walks, and other means of exercise, and also for the convenient distribution of the buildings. That acute observer of the means and arrangements of various institutions for the treatment of insanity, and their effects upon this disease—Louis Dwight, the Secretary of the Prison Discipline Society—says, there ought to be an acre of ground to a patient. Even twice this quantity would not be too much. For such an asylum as we propose, which would accommodate one hundred and fifty patients, three hundred acres would be useful for the purposes of agricultural labor, and other exercises, and for the location of the houses, shops, &c., necessary for the establishment.

The architectural arrangement and distribution of the buildings is of consequence both for the classification and for the facility of management of the patients. The usual, approved plan of the American asylums includes large centre buildings, and wings running from this to the right and left, and backward, proportioned to the wants of the institution: All the offices, dormitories and other apartments are under one roof. The asylum at Columbus, Ohio, one of the latest and best, is built upon this plan, and is copied from the excellent institution at Worcester, Mass.

Esquirol prefers separate and low buildings. He says, that after having devoted ten years to reflection upon this subject; having personally examined all the French asylums, and the plans of many in other countries, and watched the effect of the one under his care, and the Salpêtrière, he has come to the conclusion that a lunatic asylum should not be in a city. But it should be on extensive grounds with an eastern exposure. The land should not be wet, yet well supplied with water. He prefers that there should be a centre building of one story, for the officers and their families. This should include the medical and receiving rooms, and apartments for sitting, eating, sleeping, &c. On the one side of this centre building, and running backward from it in a perpendicular direction, should be placed the houses for the patients. These should be separate structures, and sufficiently nume-

rous for the classification of the patients according to the various kinds and periods of their malady. The maniacs which are furious, and those which are not mischievous; the melancholics who are noisy, and the quiet; the fatuitous, and the filthy; the epileptics, and those with other diseases, and the convalescent—these several classes should each have distinct habitations, entirely separated from each other. These dwellings should be of various styles of architecture, for monotony is wearisome to the lunatic as well as to the sane, and variety in this matter is one means of occupying the attention of the insane. They should be of only one story, for the greater convenience of watching and serving the patients, and to prevent the danger of accidents incident to upper rooms and stairways, and for the readier access of the inmates to the yard. These houses should be built each with an interior quadrangular court, and include the sleeping-rooms, and the common parlors, eating-rooms, halls, offices, baths, for their respective classes of occupants. These houses will of course be built of material and in manner suited to the patients that will occupy them. The violent will need strong rooms; the filthy will require paved floors; the suicidal will require padded walls, and the convalescent will enjoy light and genteel parlors as men in health.

Browne says, "Modern establishments, instead of presenting an interminable succession of wards and corridors under one roof, generally consist of a number of separate houses, in which the patients are distributed according to their dispositions and the features and stage of their disease."

Dr. Allen, the proprietor and manager of a private asylum at High Beach, Norfolkshire, England, says—"I would have not only two establishments, but these sufficiently separated so as to prevent annoyance; and not only this separation, but I would have one to consist of a male and female part, sufficiently separated from each other. This arrangement I have at my own establishments, which consist of Fair-Mead House, and Leopard's Hill Lodge, for males, and Springfield for females, with appendages and separate cottages. With two establishments, we can adopt a better and more complete classification." And in all cases the habitations for "the noisy should be placed at a distance from the quiet patients, so as not to disturb them by their noise."

A plan of a very convenient asylum was devised by Dr. Lee, and published in the Prison Discipline Society's Reports for 1837. This consists of a centre building and many short lateral wings—all parallel with the front, but each retreating so far as to allow its central passage way to open at each end into the open air.

To build such an asylum, with habitations, separated, isolated, and multiplied according to the kinds and stages of insanity in one hundred and fifty lunatics, would require at least three hundred acres of land. But this is not all. "A hospital building is but one item necessary for the successful management of the insane. In every possible case they should be employed. Riding, amusements, games, walks, and reading, are all useful, and the means for them all should be amply

provided. But labor is the very best employment, and the only one that can be long continued without satiety. Provide fields, gardens and workshops for labor, and a chapel for religious worship on the Sabbath, and you will show to the insane what you consider them capable of doing and enjoying; and they, in return, will show by their industry, sobriety, and self-control, that they properly appreciate your confidence, and are grateful for your efforts to promote their happiness." What these other means of occupation, labor and amusement are, we have described in our account of the best hospitals, in this and the preceding article on this subject. A chapel, and means for religious exercises, are now found to be among the most important influences for the restoration of the reason. In no condition does the human mind approach its highest perfection so nearly as when in the act of worship of the Father of all Light and Truth.

Having provided liberally and faithfully the material of the asylum, it next behoves us to inquire—who should administer these and manage the insane? We have before spoken of the character of the officers and attendants as they are found in the most successful institutions in our country. In those, they are men and women of the healthiest minds, and of the highest mental and moral discipline, and so numerous that one can give his whole attention to four or five patients, and if the case requires it, he may devote himself exclusively to one; for the grand secret, in the cure of insanity, is the power of sanity over it—the influence of the correct mind and heart over the disordered.

First, the asylum must have a physician for its superintendent, who shall give his entire and undivided attention and companionship to the patients. This is indispensable. Browne says—"The opinion was, and perhaps still is, prevalent, that if a building of suitable dimensions and security were provided, and if medical advisers occasionally saw the inmates, all was done for the insane that could be expected or that could be useful. Every day's experience shows, that these provisions are utterly inadequate to the end proposed—if that end be recovery, and not the confinement of the insane." But there must be a physician ever present, and he well qualified for his station. He must be a man of skill, self-devotion and industry. He should be firm and courageous, yet of placid temper, and the gentlest manners. He must have a quick apprehension to discern the disposition and disorder of his patients, and tact to manage them. He must be benevolent towards man, and have a strong love for the particular branch of the profession which he assumes. "The basis of such a character must be dispositions truly Christian," and "there must exist a benevolent kindness, which shall be so deep and expansive, as not merely to feel sympathy for the lunatic because he is an alien to his kind, because he is visited with the heaviest and hardest affliction which humanity can bear and live, but feel an interest in those unreal, artificial, and self-created miseries, with which the distracted spirit is oppressed. And this kindness will be as solicitous to alleviate suffering, where it is absurd, and the result of violence and perversity

of temper, as where it flows from misfortune. There must be a benevolence which will be prepared to make the lunatic a companion and a friend." The physician must associate with him on terms of reciprocal confidence, and mutual forbearance, of fellow feeling and rational counsel. He must forget that an awful but not an impassable gulf of obliterated requirements, numbed or lethargic emotions, and darkened reason, separates him from the maniac, but regard only the faculties they yet have in common, and make these the ground-work of their intercourse. "There must be that benevolence which will imitate the mercy of Him, who in curing the broken and bewildered spirit of the demono-maniac, 'took him by the hand and lifted him up.' But this gentleness must be controlled. The merely benevolent physician can never be a good practitioner." Such a one may be too indulgent, and while he is yielding to the tender impulses of his heart, and gratifying the temporary and capricious wants of his patients, he may be indulging vicious propensities, and encouraging and feeding those very delusions that are the cause of the derangement. "There must be mingled with this sentiment of benevolence that highly refined sense of duty, and that keen perception of right, which guides even kindness and affection in their ministrations, and which holds the balance as scrupulously in deciding on the moral rights of lunatics, as in determining the civil rights of our fellow citizens." The curator of the insane must have "that moral and physical courage and firmness, which confer calmness and decision in the midst of danger and in dealing with the most furious and unlistening madness, and which imbues the whole character with a controlling influence, that, with mercy and justice, governs the turbulent, while it appears to guide them; and commands the most wild and ferocious, by the sternness, and, at the same time, by the serenity of its orders, showing neither timidity nor anger. The intellectual qualifications for such a trust are high and varied. They must comprehend a familiarity with the true and practical philosophy of the human mind, in order that its diseases may be understood and controlled, and a general acquaintance with the usages and workings of society; with the habits, pursuits, opinions and prejudices of different classes; with literature and science, so far as they contribute to the instruction, amusement or happiness of these classes; with everything, in short, that can be rendered influential in what may be called adult education, in the management or modification of character, in order that as great a number of moral means of cure, of restraining, persuading, and engaging the darkened and disordered mind, may be created as possible. And finally, there must be as liberal a professional education as long study and observation can accomplish;" so as to readily understand the causes of insanity, and the influence of the physiological state of the animal system over its duration or intensity, and the power of medicine, and of other moral and physical agents over either of these. "Such a physician is not a mere drug exhibiter," but he is a man of high principle and benevolence—of philosophy and practical wisdom. To such a man ought the whole establishment to be submitted for his

care and faithful administration. This is the case with almost all the American, English, Prussian, Austrian, and many French Asylums, and is found to be best for the management of the insane.

Lastly, comes the provision of suitable stewards, officers, attendants, nurses and servants. These should have all the moral qualifications, and many of the mental accomplishments, which we deem necessary for the superintending physician. This must, in no case, be overlooked, throughout the whole corps of attendants. From the head, to the lowest cook, sound minds, correct morals and gentle manners must prevail, and if possible, all of these should be trained to their employment before being entirely trusted with the care or service of the insane.

With such provisions of lands, buildings, and other materials—with such officers and assistants—with religious service, and light and laborious occupation of mind and body—a hospital might be of immense utility in this Valley. And surely there is, within this wide reach of territory, and among these five millions of inhabitants, intelligence enough to appreciate such an institution, benevolence enough to desire it, and wealth sufficient to create it and put it into successful operation.

SURGEON-GENERAL'S REPORT.

[THE following extract from a Report of the Surgeon-general of the U. S. Army to the Secretary of War, dated Nov. 10, 1840, which has been kindly sent to us, has not, it is believed, been before published entire.]

The number of cases of indisposition which have been under treatment by the medical officers of the army, and private physicians employed in the service of the United States, during the twelve months between the 30th of September, 1839, and the 1st of October, 1840, was 29,076; 28,167 of which occurred within the past year, 909 being cases that remained of the preceding year.

Of the whole number of persons reported sick, 27,514 have been restored to duty, 215 have been discharged the service, 33 have deserted, and 254 have died; leaving, on the 30th of September, 1840, 1,060 still on the sick report.

From the monthly returns and other reports, the mean strength of the army for the last year is estimated at 10,116, and as the number reported sick during the year was 29,076, and the aggregate of deaths was 254, it will appear that the proportion of cases of indisposition to the number of men in service was as 1 to 28-10, or 280 per cent.; the ratio of deaths to the number of men, 1 to 39 7-8, or 2½ per cent.; and the proportion of deaths to the number of cases treated, as 1 to 114½, or a fraction less than 1 per cent.

Upon comparing the sick reports from the different sections of country, we find that the greatest number of cases of indisposition, and the greatest amount of mortality, have, as heretofore, occurred among the troops serving at the southwestern posts; while the least amount of sickness and

the smallest number of deaths, comparatively, have occurred at the military posts of the northwestern sections of our country.

Of the posts occupied by troops during the last year, Forts Gibson and Wayne, on the southwestern ; Forts Crawford and Detroit, on the northwestern ; and Poinsett Barracks and Madison Barracks, on the northern frontier, were the most unhealthy in their respective sections of country. Hancock Barracks, in Maine (the only eastern post occupied by a large body of troops), is always healthy. And the army in Florida has, during the last year, comparatively speaking, suffered less from disease, and lost fewer men by natural causes, than the troops on the southwestern stations, or those located at Detroit, Poinsett Barracks, and Madison Barracks.

The unusual amount of sickness and of mortality at Madison Barracks, Poinsett Barracks, and at Detroit, may be attributed, in a measure, to the location of the troops within, or in the immediate vicinage of, Sackett's Harbor, Buffalo and Detroit. Troops are always more sickly, and their diseases generally more malignant, when brought into temptation, and placed within the reach of the dissipation of a town.

Of all the military posts, however, which have been occupied by troops for several years past, Forts Gibson and Wayne, in the State of Arkansas, are decidedly the most sickly.

Fort Gibson, in particular, is an exceedingly unhealthy position ; it has not only given a greater number of deaths, but, I believe, has invalidated more men, for the last ten years, than any other military station in the United States. This post is situated in the immediate vicinity, and on the northwestern side of the rivers Arkansas, Verdigris and Neosho ; and as the prevailing winds during the summer season come from the south and southwest, it is to leeward, and consequently on the wrong side of those rivers, and an immense tract of low land, intersected with lakes, lagoons, &c., near the confluence of the streams.

Comfortable quarters and good police, as a general rule, contribute greatly to the preservation of health in the army. Here, however, the best accommodations and the soundest discipline can avail but little in maintaining the health of the troops ; it is manifestly an improper position (the decision of a late board of officers to the contrary notwithstanding) ; and should be abandoned, if a better spot can be found within twenty miles around, before the permanent barracks are erected. While the Government, on the one hand, can, in times of difficulty and of peril to the country, rightfully exact of the officer and the private all that man can accomplish, the soldier, on the other hand, has a right to expect from the Government, in time of peace and of rest, protection, as far as it is compatible with the nature of the service, against the invisible enemy—that most destructive foe to all armies, malarial disease.

A healthy position (or the less sickly point in an unfriendly clime) is worth more to a military body than a dozen physicians. Troops, to be efficient, must be kept healthy. One hundred men in good health, and sound in spirits, are better than a thousand dispirited, dissatisfied invalids, either to give chase or battle to the Indians.

In connection with this subject, I beg leave to give here a transcript of

my report on a former occasion, touching the matter of our frontier line of defence, &c.

"If the troops must be located on the north side of the Arkansas, and near their present position, the best place is on a ridge of ground called Menard Mountain, from four to six miles from Grand river, and about the same distance from the Arkansas, and on the road leading to Fort Smith. A more desirable position, however, I think may be found on the south side of the Arkansas, at Frozen rock, two or three miles below the mouth of the Neosho, and perhaps another ten or twelve miles lower down on the Arkansas river.

"In looking for a place for a military station on our inland frontier, the same rules cannot be properly adopted that would govern us in locating troops on the Atlantic, or other sections of country exposed to foreign invasion or the assaults of a civilized enemy. In selecting a site for a military station within the reach of a civilized enemy, the first object in view should be military position—that is, the capabilities of the place for defence, while it would control a pass through the mountains or other direct line of march, or command the entrance into a river, bay, &c. In locating troops in the interior of the country, however, where our business is not to control the navigation of the rivers, or the passes up and down the country, but to watch the Indians, and be ready to protect the frontier settlers, the first object to be considered is the healthfulness of the position; the second may be facilities of transportation; and the last, military position, or the defensibilities of the place. Any location immediately on or near the general line of defence will be in position to protect the frontier settlements; and the place may be easily made defensible against the Indians, whether in a prairie, in the pine woods, or in a cane-brake and marsh on the bank of a river. As, then, it is known, from dire experience, that almost every site in the south and southwestern country, immediately in the vicinity of water courses and marshes, is unhealthy, we are free to say that the troops employed in that country should not be located on the leeward side of rivers and marshes, or immediately in the vicinity of either side of the marsh and low lands."

This business of establishing an inland chain of defences is a matter of importance to the nation; the country along the trace should be thoroughly explored, and the sites understandingly selected, before commencing the cordon of posts; otherwise, we shall go on to commit blunder upon blunder, and erect permanent forts and costly barracks at places which may ere long have to be, in obedience to the calls of humanity, abandoned by the troops.

In obedience to the law of Congress, and in accordance with the regulations of the Department, three medical officers, to whom letters of appointment as surgeons had been issued in advance, and three assistant surgeons of five years' standing, were ordered to present themselves for examination before a medical board, which had convened for the purpose at Fort Brooks, Florida, in November of last year. These officers having been, after a thorough examination into their professional attainments, moral habits, and physical qualities, approved by the board, the first three were sustained in their advanced position, and the last three rendered le-

gally qualified for promotion. Before this board, a candidate for the appointment of assistant surgeon was also examined; and, having been found qualified for the station, he was immediately appointed to fill a vacancy in the Department.

A large number of applications for appointment to the medical staff having been subsequently received, a medical board was assembled in May last, at Philadelphia, for the examination of the candidates. Of forty persons who were invited to appear before the board, twenty declined or failed to present themselves for examination, one was over the age prescribed by the regulations, and nineteen were examined; and of these last, nine were approved and reported for appointment. Upon an examination before this board, also, an assistant surgeon was found to be, with other qualities, a proficient in all the branches of medical science, and was accordingly passed for promotion.

On this occasion, as will be perceived, the number of well-qualified candidates who presented themselves for admission into the medical staff of the army was relatively greater than hitherto—a result the more gratifying, as it assures us of the salutary influence of our system of examinations upon the aspirants to office; while it leads to the belief that, hereafter, a full proportion of the élite of the profession will always be found ready to give themselves up to their country's service.

The officers of the medical department have, as usual, participated largely in the toils and the dangers of the field. They have shared with their brethren in arms any privation and hardship incident to a conflict with a savage enemy, and many of them have suffered greatly in health; yet they have, very generally, unflinchingly maintained their position on the theatre of war.

The Army Meteorological Register, adverted to in my last annual report, has been already printed, and copies of it will be immediately furnished to the medical officers of the army, and others who feel an interest in the subject and desire to read the work. The Vital Statistics of the Army are yet in the press, but will, in a short time, be also ready for distribution.

The medical board appointed, under your instructions, to inquire into the relative advantages of Pittsburg and Wheeling, and of the intermediate ground, as the site for a marine hospital on the Upper Ohio, entered upon the duties assigned them in July, during the low stage of water in the river (the most favorable period for a reconnoissance of the country), and, having fulfilled all the objects of their mission by the 7th of September, closed their proceedings, and made their final report in the case, herewith transmitted.

In the course of their examinations, the board searched after facts and information from every practicable source, and thoroughly investigated every circumstance any wise connected with the subject of inquiry, and have eventually accumulated a mass of testimony which cannot fail to elucidate every doubtful point or matter of controversy. The ground having been now thrice gone over, and every circumstance of doubt and of difficulty three times discussed, the arguments may be considered as exhausted, and the matter at issue in readiness for a final decision. And as

the Commission which has collected and condensed the facts and prepared the statement of the case, and the Executive who has to act in the premises, can have no feeling other than for the good of those for whom the bounty of Government was specially intended, and no object in view other than to carry out the beneficent designs of Congress, it is to be hoped that the determination, whatever it may be, will meet the cheerful acquiescence of all concerned.

All which is respectfully submitted.

(Signed)

THO. LAWSON, *Surgeon-general*.

OBSERVATIONS ON TRAUMATIC TETANUS.

BY JAMES B. THOMPSON, A.B., M.D.

It is a peculiarity in this disease, well worthy of notice, in a practical point of view, that it does not present itself at the early inflammatory, suppurative, or sloughing stages of a wound or injury, but more frequently at a very remote period, when the part injured may have healed over, and when the surgeon may have considered his patient as convalescent—or if an hospital patient, may be about to discharge him or her. In illustration of this peculiarity in tetanus, I may be permitted to add the following case.

A young man, about 19 years of age, of nervous temperament, but otherwise of good general health, received, while in the act of grooming a horse, a kick in the left knee; the cork of the shoe laid open the capsule of the knee-joint, and lacerated the integuments. Severe inflammatory symptoms supervened, but by active antiphlogistic remedies, and attention to the general constitution, these acute symptoms were subdued, and the wound was healed over in about the fifth week, when it was thought desirable to recommend the patient to go into the country for the benefit of his general health. But just the day but one previous to his intended departure, he complained of being unwell, and rather restless for the few nights before. He now complained of stiffness in the neck, and from this period all the symptoms of traumatic tetanus began to present themselves. He got anodynes with morphia at night. I prefer the muriate of morphia in these cases. Mercury was used by friction, along the spine, the inside of the thighs, and in the axillæ, with small and frequently-repeated doses of calomel with opium, to prevent its passing off by the bowels, besides its own sedative effect: camphor mixture, with the aromatic spirits of ammonia, occasionally. This treatment was pursued for some ten or twelve days, when the tetanic tendency seemed gradually to disappear. The patient was discharged quite convalescent in about a week after all medicines had ceased to be given. He did not seem to suffer any inconvenience from the active treatment pursued, as some surgeons seem to suppose such patients always do.

The period at which this affection generally presents itself, varies from a few days to ten, fifteen and twenty-one days, and from four to six weeks, or even to remoter periods. However, I am disposed to look rather favorably on a case going beyond the third week: at least I am

inclined to think that the remoter the period the more mild and modified will be the attack—indeed rarely fatal, if actively treated at first.

As to the causes of this disease, there are a great variety, and some are of a very trivial character. It has been known to occur in a negro from the lash of a whip. Pieces of glass, wood, nails, pins, &c., sticking in the hands or soles of the feet, or under the finger or toe nails, have produced this affection. The more aggravated exciting causes are, vicissitudes of temperature, injuries or lacerations of nervous or tendinous structures, punctured wounds, irritating substances in the stomach and intestinal canal.

I have seen tetanus in a modified form in a lunatic, proving that affections of the mind predispose to this disease. I have also seen it in persons where the autopsies proved that abnormal depositions, or growths of a bony or cartilaginous structure, gave rise to this affection, particularly when these foreign bodies (if I may be allowed to call them so), by their presence and consequent pressure on the brain and spinal marrow, operated, no doubt, as a proximate cause in the production of the modified tetanic symptoms which exhibited themselves during the life-time of these patients. As to the mode of treatment, it no doubt must vary according to the circumstances of the case, and the previous history of the patient. It is advisable to remove as early as possible the obvious exciting cause; next to this, I believe that the treatment pursued in the preceding case will be found to be the most generally resorted to, and from what I have seen or read has been found to have been the most successful. Tobacco enemata are recommended, and may no doubt be found useful; but as for the cold bath, or douche, I have seen it prejudicial, and it is always unpleasant to the patient.

Our object should be to allay the generally-excited state of the brain and nervous system; and in carrying this view into effect, we must often commence by exciting, as it were, a new and powerful action, as if to supersede the primary or diseased one. This is, I apprehend, the view with which mercury, tobacco, musk, camphor and opium, with other active antispasmodics, are so generally recommended. In cases of punctured wounds producing this disease, it is desirable to dilate freely the original injury or puncture; and in cases arising from any local irritation, no time should be lost in severing the communication with the brain and part engaged, as if to arrest the progress of this disease.

As to the use of stimulating or antispasmodic liniments or applications, I have never seen, even in extensive hospital practice, in civil or military departments, any beneficial results; I would rather be inclined to look upon them as worse than useless: for while the surgeon may be getting these ready for use, he might in my mind be much better employed in attending to more salutary and sure remedies, and to what are known to be attended with much more efficacious and successful results, to persons who have suffered from, and had been the subjects of tetanus in any form.

—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24, 1842.

FIRST PRINCIPLES OF MEDICINE.*

As might have been expected, the medical press has bestowed the warmest praise on the labors of Dr. Billing. His forte consists in explaining the rationale of the action of medicine, and he has cultivated this spot in the domain of medical philosophy very successfully, since all agree that he is an instructive writer, and one who eminently enlarges our sphere of thought. With some, his analytical mode of reasoning will certainly shake their confidence in many articles of the *materia medica*, and in pharmaceutical compounds which have heretofore been regarded in the aspect of indispensable instruments in the hands of the practitioner. Thus, in reference to Dover's powder, that old, but highly-prized combination of good things, we are taught by Dr. B. that it is no great affair after all—for it acts "as a simple narcotic." It must be a rare case in which "a narcotic, neither sedative nor stimulant, is required"—and such a case is precisely where Dover's powders come into play—that is, no play at all; for if there are neither sedative nor stimulant effects produced, there must be a perfect inertia.

To pass over some incongruities in the work, for we cannot otherwise regard them, there are multiplied evidences of extensive research into the mysteries of medicine, that make many crooked paths straight. Dr. Billing's mechanical explanation of the specific action of narcotics, will have admirers amongst a people who have a large development of the organ of constructiveness. The following refers to a condition of the limbs which every one has experienced, but which few understand:—"If," says the author, "the arm be laid across the back of a chair, or be otherwise compressed in one place, the hand becomes what is called asleep, from pressure on the nerves; sensation and voluntary action are lost; or if not quite lost, much diminished; *pins and needles*—a pricking sensation—being felt. The sensation of a limb being asleep, arises from the pressure interrupting the conducting power of the nerves, by pushing the medullary matter out of a part of them. If the medullary matter be but slightly separated, the nervous influence is passed like the sparks of electricity, causing the pricking; but if the gap or space be too great, no sensation whatever is transmitted. If the arm be rubbed so as to press back the medullary matter, the *pins and needles* are felt as it begins to meet."

Take it all in all, the *First Principles of Medicine* is a book worth having. Its power consists in presenting old objects of familiar aspect, in new positions, and in quickening the mind in searching for medical truth.

Dr. Bell's Report.—The vigilant Superintendent of the McLean Asylum for the Insane, located at Charlestown, Mass., has been fortunate in his administration, in giving universal satisfaction, which is no easy

* *First Principles of Medicine*. By Archibald Billing, M.D., &c. &c. First American, from the fourth London edition, revised and improved. Philadelphia: Lea & Blanchard. pp. 394. 1842.

matter in this democratic section of *terra firma*, where many a man shows his independence on a little scale, by finding fault with his betters. Dr. Bell, in his recent report to the Trustees of the Massachusetts General Hospital, strikes out into open sea in the announcement of his own individual opinions. It is impossible to read his paper and not come to the conclusion that some of the craft who take care of lunatics, have ascertained the fact that tricks can be practised in all trades. His report is distinctly characterized by boldness of thought, and a kind of originality in the mode of relating what he knows upon the subject of insanity, that raises him in our estimation. He has learned by experience that great things are not always done by main strength, nor is he so stupid as to grasp a splinter with the iron jaws of an anchor-monger's vice. We could say more than might be prudent, commendatory of this annual report, because it is so much superior to sing-song tabular items that not one in a hundred cares to read. Statistics are good and necessary, but they should be in their appropriate place. We have no room for extracts this week.

Columbia College.—By the appended list of graduates, which has been sent us for publication, it will be seen that the medical school at Washington is exceedingly flourishing. The policy of the institution is to make good surgeons and physicians; the faculty were never ambitious to make a great show on a catalogue. The character and high professional attainments of the professors are known over the whole United States. It is worth the special notice of those about commencing their medical studies, to look particularly into the advantages accruing from matriculating at the city of Washington.

The following young gentlemen received the degree of Doctor of Medicine at the commencement held at the Medical Hall of the Columbian College, Washington City, March 2d, 1842:—Joseph I. Durall, Maryland, thesis on *Inflammation*; I. Allen Tibbets, New Hampshire, on *Menstruation*; Norton Quincy Tirrell, Massachusetts, on *Remedial Uses of External Irritants*; Granville S. Farquhar, Maryland, on *Bilious Fever*; John Alfred Shade, Pennsylvania, on *Miasmata*; James N. Banks, New York, on *Menstruation*; W. H. Willis, Massachusetts, on *Chemistry*; Charles T. Desbrow, New York, on *Cathartics*; John Reed, Maryland, on *Intermittent Fever*; I. F. I. McClery, District of Columbia, on *Fever*; Thomas Mattingly, do., on *Apoplexy*; Warren Parsons, New Hampshire, on *Cynanche Trachealis*; George F. Pitts, Kentucky, on *Mercury*; Johnson Eliot, District of Columbia, on *Humoral Pathology*; Wilfred A. Manning, do., on the *Modus Operandi of Poisons*; Jacob Brown Gardiner, do., on *Opium*; Rufus Baker, Maine, on *Chronic Gastritis*; Charles Whipple, Vermont, on *Chemistry*; James H. Causten, District of Columbia, on *Pneumonia*; Johnson Clark, New Hampshire, on *Diaphoretics*.

College of Physicians and Surgeons, New York.—In acknowledging the receipt of a Catalogue, it would be ungenerous not to express just what we feel in regard to this old Institution, viz., that it has a character which commands the respect of those who have not become so radical as to look with an air of contempt upon anything and everything that differs from their own narrow standard of excellence. Twenty-five degrees were

conferred at the late commencement—an efficient corps, who will herald the fame of the College wherever they go. Students are the best of all advertisements, provided they have been well taught. When the faculty get accustomed to the harness, they will accomplish all that the Regents or the public require of them.

✓ *Willoughby University.*—A catalogue and circular of the medical department of this University is lying upon the table. There was a fine class assembled in November, who have doubtless been well instructed. In 1840 and 41, seven gentlemen received the degree of Doctor in Medicine. Drs. Bela B. Clark, Medina; N. H. Mantor, Lornain; E. L. Plympton, Lake; and M. C. Saunders, of Huron County, received the honorary degree of Doctor. The Willoughby is a flourishing school of medicine.

Physiological Temperance Society.—In Kentucky, whatever is undertaken by the faculty is generally well done. At the Louisville Medical Institute, a society, with the above name, was organized in December last, which, as a society, is as popular as are the members who took an active lead in its deliberations. Dr. Drake commenced on the 1st of January with a lecture on the objects of the society—which, according to the 3d article of the constitution, are “the suppression of intemperance, the correction of its effects,” &c. We can remember when it was sometimes said of a practitioner—“he is an excellent doctor if called when sober.” The reproach of intemperance can no longer be laid to the door of physicians. They are everywhere the efficient instruments in the great moral revolution now going on. Daniel Drake, M.D. is President, and Thomas Bohannon, M.D., Recording and Corresponding Secretary, of this society.

Mortality in Lowell.—By the politeness of Nathan Allen, M.D., we have been put in possession of the official “statement of deaths, with the diseases and ages, in the city of Lowell, during the year 1841.” The total number of deaths was 450—the population in May, 1840, being 20,981. It occurs to us to remark in this place, that Dr. Allen, whose name is coupled with the foregoing statement, was formerly a resident of Philadelphia; and the acceptable and indefatigable editor of the *Phrenological Journal*, which was conducted, while under his management, with extraordinary ability. Within a few months he has removed to Lowell, where he proposes to establish himself in practice. To an excellent mind, disciplined by extensive reading and reflection, Dr. Allen unites kindness of manner, urbanity and a conscientious regard to the rights of others, which must contribute greatly to his advancement in public estimation in the city of Lowell, whose inhabitants know how to appreciate merit and reward industry. The physicians in Lowell, who have possession of the ground, will never regret the acquisition to their number of one whose whole life, thus far, is worthy of imitation.

• *Vermont Medical College.*—A Medical and Surgical Clinique has been established by the Faculty of the College for all cases of disease, not only surgical but medical. Patients presenting themselves before the class re-

ceive advice and treatment, and in surgical cases, operations, when required, are performed without charge. The prospect of the school, it is said, was never more flattering than at this time. There are now something over sixty in the present class, attending lectures, while others are arriving almost daily.

Medical Miscellany.—The Baltimore Guardian of Health has reached the sixth No., and increases in interest and character.—Accounts are brought of more sickness amongst the troops in China. European constitutions seem to fail under the atmospheric changes of Chusan.—The Thomsonians have now the benefit of law in Michigan, in the collection of debts, and to all intents and purposes, by a recent act of the Legislature, are as much protected, and respected too, as the first surgeons in America.—Fifty-one gentlemen received the degree of M.D. at the University of New York, the other day.—Drs. W. P. C. Barton, J. A. Kearney, Thomas Dillard, W. S. W. Ruschenberger, and Waters Smith, will compose the naval board of examining surgeons, to assemble at Philadelphia on the 4th of April next.—Mr. George Tiemann, 63 Chatham street, New York, manufactures surgical instruments admirably. We have just procured from his establishment an apparatus for injecting the lymphatics with mercury, that is exceedingly admired for its beauty of workmanship, and delicacy of the tubes—the orifices of which are not much larger than the bore of the proboscis of a house-fly.—A new paper, to be called the Magnet, is about making its advent in New York, to be edited by the Rev. Le Roy Sunderland, devoted to human physiology, phrenology, physiognomy, pathognomy, and human magnetism!—Some one in the Franklin Messenger, published at St. Albans, Vt., is pouring broadsides into the editor of the Western Journal of Medicine and Surgery, because he did not give suitable credit in regard to an article which appeared in the Journal.—Dr. Crossman, with a Mr. M. H. McEwen, of Philadelphia, have been held to bail by the Recorder, in the sum of \$10,000 each, to answer the charge of McEwen's wife of a conspiracy to produce an abortion.—Dr. Dana, of this city, lectured last week on animal magnetism.—Ten Assistants, rumor says, are speedily to be promoted, in the Navy, to full Surgeons.—The following books have been lately published in London: An Essay on Diabetes, by H. Bell, D.M.P., one of the Librarians of the Faculty of Medicine of Paris. Translated by Alfred Markwick. On Rheumatism in its various forms, and on the Affections of Internal Organs, more especially the Head and Brain, to which it gives rise, by Roderick Macleod, M.D. The Madhouse System, by Richard Paternoster.

MARRIED,—At Beverly, Dr. S. Stocking, of Boston, to Miss J. J. Wilkinson.—At South Bend, Indiana, D. W. C. Willoughby, M.D., to Miss S. H. Meredith.—At Sing Sing, N. Y., Dr. J. Brinckenhoff, U. S. N., to Miss M. G. Waller.

Number of deaths in Boston for the week ending March 19, 41.—Males, 18; Females, 23. Stillborn, 2. Of consumption, 8—hooping cough, 2—debility, 3—scarlet fever, 4—throat distemper, 1—lung fever, 7—old age, 1—palsy, 1—scrofula, 1—smallpox, 1—infantile, 4—erysipelas, 1—marasmus, 1—burn, 2—disease in the knee, 1—chick-bill, 1—typhus fever, 1—fits, 1—apoplexy, 1—inflammation of the bowels, 2—disease of the hip, 1.

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LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERNARD, M.D.
 Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.
 Institutes of Medicine, by SAMUEL JACKSON, M.D.
 Materia Medica and Therapeutics, by JOHN BALL, M.D.
 Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.
 Obstetrics and Diseases of Women and Children, by HUGH L. HODGES, M.D., WM. HARRIS, M.D.
 Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.
 January 8th, 1842. M 2-2m W. E. HORNER, Secretary.

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O. 13—sept	H. I. BOWDITCH, H. G. WILEY,	G. C. SHATTUCK, JR. S. PARKMAN.
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NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., Publisher.

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

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The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. F. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Bozrah; N. Kendall & Co., Nashua. In Vermont, Dr. L. H. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with *Vaccine Virus*, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.50 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, MARCH 30, 1842.

No. 8.

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TRICHINA SPIRALIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following account of the case E. B., affected with malignant disease of the abdomen, and with parasitic animalculæ (*Trichina Spiralis*), was read before the Boston Society for Medical Improvement. It is compiled from accounts taken by Dr. Perry, and Mr. Hall. The autopsy was made by Dr. J. B. S. Jackson, and his notes are subjoined. The microscopic observations are by myself.

Boston, March 22, 1842.

Yours truly,

H. I. BOWDITCH.

E. B., æt. 36, medium size, good form; hair dark-brown; eyes blue; skin light and delicate; muscles well developed originally, though now (December 10, 1841) much emaciated; during last six months, he thinks that he has lost from twenty to thirty pounds in flesh. He was born in Lebanon, York County, Me., where he lived nineteen years, engaged in farming pursuits; the situation of the place being elevated, dry and healthy. He labored hard, and exposed himself to all kinds of weather; was quite irregular in his usual habits, particularly in regard to eating and sleeping; food good and wholesome; clothing sufficient; never used ardent spirits until after arrival in the city; naturally of a nervous, passionate temper; usually very well during this period; no contagious disease, except a slight attack of measles.

At the age of 20, he came to live at Roxbury, near this city, and there he continued his pursuits of farming or gardening for six years, and resided in healthy spots; but he was frequently attacked with "colds," owing, as he thinks, to kneeling upon the ground while engaged in his work—and finally he was obliged to leave and go into the country in consequence of a cough contracted in this manner. At the end of a year he was sufficiently recovered and returned here, where he has resided ever since, except for a short space of time, when he went upon a fishing voyage. He was then 27 years old; and about the middle of September, weather being quite cold, the boat in which he was, was upset. He remained in the water for an hour, and when taken out his extremities were numbed, and his whole frame very much exhausted. He says he swallowed a good deal of water at that time, and thinks he has never been relieved entirely of it, and refers the origin of the tumor in the abdomen (hereafter to be described) to it.

During the subsequent four years he attended at a bar-room or a fruit-cellar in Dock square, and lived in a healthy position at the west end of

the city ; but the cellar was extremely damp, owing to the influx of the tides, so that in the spring, 1836 (æt. 31), the water was at times from six to ten inches deep upon the floor, and after it subsided he used to build large fires that filled the place with the steam of the salt water. Whilst working at this place he produced a hernia by overstraining himself. In the spring of 1836, above alluded to, he was attacked with violent fever, during which he was delirious, and by which he was confined to bed for ten or twelve weeks, and did not wholly recover from its effects for six months. From this period, i. e., from 1836, he has been liable to attacks of colic, which at first occurred annually, but since, they have become more frequent, and during the same time he has had almost constantly pain in the left side and back. For two years (1839-40), was troubled with a "salt rheum" eruption upon skin.

In February, 1841, he removed to the house where he resided at the time of his death ; a miserable abode, so surrounded by other dwellings that the sun never enters it ; but in other respects the hygienic influences exerted upon him were as previously mentioned. A few months afterwards had a violent attack of "bilious colic," which lasted a week, and during this period and for several weeks subsequently he had severe pain in the left iliac region, and immediately after the illness he perceived a small tumor on the same side of the abdomen, about midway between ribs and crista ilii. This tumor gradually augmented in size until July 28th, when upon experiencing another attack of colic, Dr. Perry was called. "Upon examination [says Dr. P.] I discovered a tumor in the left hypochondriac region, which, as nearly as I could ascertain, was about three inches in circumference ; it was well defined, hard and immoveable, not tender when pressure was made upon or near it, but it was to this part that he referred his pain during his attacks of 'colic.' He remained in the house a few days, and as he did not recover his strength, I advised him to go into the country. Upon his return, on the 20th of September, I found his health had improved, but the tumor had been rapidly augmenting in size. He had discovered likewise two small tumors above the left clavicle. He had now pain and tenderness in the tumor, and the former was so severe at night that he could not sleep without an opiate. This pain extended sometimes down the left leg and into the back. He experienced, likewise, what he called rheumatic pains in right leg and arms. In walking, he was disposed to favor the left leg.

"On October 25th, I again saw him at his house. The pain was now so severe in his side, and the tumor had increased so rapidly, that he was obliged to keep his room, and for the most part of his time his bed. The tumor extended to the right nearly as far as the *median line*, and below to the spine of ilium. Nearly in centre was a small prominence, which was quite soft, and a portion of the large intestine when distended with gas could be felt running over the tumor."

Mr. Hall, who examined his condition on December 10th, reports as follows :—

"Lying on back, although generally he lies on left side ; countenance pale, indicative of much suffering ; eyes sunken ; much emaciation ; mind clear, but rather excitable ; skin cold and moist ; at times has heat and

dryness of it; pulse, average 80; respiration good, and respiratory organs well, so far as one can judge from external appearance, but I was unable to examine by auscultation, owing to the debility of the patient; appetite tolerable; some thirst." The left half of the abdomen was still more thoroughly occupied by the tumor, which extended from under ribs to symphysis, and from median line around to spine.

From this time until his death the tumor continued to augment still more rapidly. Paralysis of left leg supervened six weeks before death, with no loss of sensitive power; frequent desire for micturition, which was not painful; no vomiting, diarrhoea or cough; no œdema of any part; intellectual faculties remained unimpaired to the last. He took no medicine but laxatives of the simplest kind, and opiates to relieve pain. Death took place January 25, 1842.

In regard to the hereditary tendencies of this patient, there seem to have been none leading to malignant disease. His mother died, aged 62 years, of an acute disease (called fever); his father is still alive, aged 67, subject at times to "*bilious colic*," but otherwise well; none of family, either direct or collateral, are affected as he was.

Autopsy, ten Hours after Death.—Emaciation not extreme; left ankle perhaps swollen; tumor in left side of abdomen very prominent, solid and regular, half filling abdomen not pressing forward the parietes. Tumor in neck perhaps two and a half inches in diameter, and composed of three or four regular, rounded, and pretty distinct masses as if glandular; skin loose that lay over. Muscles presented a very strange and new appearance; myriads of minute whitish bodies very distinct, and, when picked out, feeling rather hard or dense upon the nail. All the voluntary muscles exposed in the dissection were affected—cervical, pectoral, abdominal and crural; several in the cellular membrane between the great pectoral muscle and ribs; the heart was free from them.

Tumor in abdomen situated in cellular membrane, behind the peritoneum. Descending colon passed over its left side; left ureter passed across it, was traced from the opening in the bladder to about the summit of the tumor. Left common and external iliac artery passed across a considerable portion of the tumor, inferiorly and on the right side; the spermatic artery and vein ran across it in their usual direction, situated just below the artery. These vessels and organs were not imbedded, but lay directly on the surface of the tumor, unless perhaps the spermatic vessels superiorly and inferiorly, and upper portion of ureter, which seemed somewhat more intimately united to tumor. The last was filled by a reddish, gelatiniform, malignant matter, which adhered to its inner surface, and the parietes (of the ureter) being soon lost in the great mass of the tumor it was inferred that the tumor consisted of a diseased kidney. Late in the dissection, however, the kidney was found, and connected with it a considerable portion of healthy ureter. It would have been interesting to have ascertained how much of the canal was disorganized, but the parts had been too much cut upon for us to determine this point. It may be inferred that the extent of disorganization was not very great, as so much of the ureter was found in a healthy state, allowance being made for the stretching of a canal across the tumor. From the

opening into the bladder it was of its usual size, and quite healthy till it reached the summit of the tumor, when the morbid deposit was first found adhering to its inner surface, and within less than two inches of this point the parietes of the canal were lost in the tumor. The iliacus internus lay behind or beneath the tumor; psoas magnus not seen. The tumor extended from the left groin nearly to the diaphragm, not dipping into the pelvis, adhered firmly to front and left side of spine (though not passing the median line), so as to require to be dissected away, the adhesions elsewhere being quite easily separated.

Character of the Tumor.—Weight, perhaps, five or six pounds; length twelve and a half inches; breadth and thickness about six; an ovoid, tolerably regular mass, and of a fleshy consistence. There were vessels upon its surface beneath the peritoneum, which are so characteristic of malignant disease, apparently thin dilated veins. On being cut through in every direction, it seemed to consist mainly of an unorganized, dusky, yellowish, soft, loose, fibrinous mass, breaking open in many parts by its own weight, and for the most part more or less colored by dark effused blood, which in some places, though not to any considerable extent, constituted the chief mass of the tumor—there being, however, no very distinct coagulum. From several places a considerable quantity of thick, grumous, dark bloody fluid escaped when the tumor was raised. A very small quantity of encephaloid deposit found in one or two places; no gelatiniform matter nor scirrhus. A sort of cyst invested it anteriorly, which was mistaken for the investing membrane of the kidney, supposing the tumor to be formed by that organ.

Tumor in the neck consisted of an encephaloid deposit, resembling foetal brain with effused blood; but did not extend below the first rib.

State of Organs.—In the lungs, one individual found a diseased mass three or four lines in diameter, of which there was a question between an abscess and an encephaloid deposit; otherwise no trace of encephaloid disease in any of the organs of the thorax or abdomen; no tubercles seen. Heart healthy; foramen ovale closed; stomach and intestines apparently well, but not opened; liver, spleen, right kidney and bladder, healthy. Left kidney not found for some time; it lay behind the tumor, and was much compressed by it; it was perfectly flattened out, pale, but healthy, no trace of encephaloid disease; pelvis and commencement of ureter rather large. Bladder contained $\frac{3}{4}$ or $\frac{3}{8}$ of a dark-red, bloody-looking liquid. Inflammation of left iliac and femoral veins, commencing perhaps about two inches from vena cava; vessels contracted; fibrin in them was somewhat mixed with blood that was dark, having in several places to a considerable extent a decided, and in some parts a *strongly-marked* dark yellow color, like an old apoplectic cavity in the brain. This fibrin separated readily from the parietes where an effort was made to raise it; no pus inside or outside the veins; this inflammation extended two-thirds down the thigh, as far as examined; no arteritis.

I have been thus minute in regard to the previous history of the patient, in order that, if possible, this case may aid in the discovery of the cause of the development of the parasitic animalculæ, concerning which I

beg now to draw your attention. I regret that we did not examine the other muscles, such as those of the intestines, &c. Circumstances prevented; but as this is the first time, so far as I know, that the *trichina spiralis* has been noticed in this country, the omission perhaps will be pardoned. I shall give first my own results, and afterwards the accounts of the animalcula that have come to us from Europe.

Appearance of the affected Cellular Membrane.—The muscles and cellular membrane underneath them seemed literally covered with myriads of minute white lines, looking at first sight like the ova of the common fly upon decaying animal matter. The bodies seemed to be attached rather to the cellular membrane running among the fibres, than to the muscular tissue itself. They lay parallel to the course of these fibres. They had no motion, and to the naked eye looked like simple lines. I attempted to approximate to the number which probably existed in the body, supposing the other voluntary muscles were as much affected by them as those mentioned above (vide autopsy). I and another individual counted the number contained in a superficies of a quarter of an inch square. Both of us counted many more than fifty. Calling, however, this number the mean for every quarter of an inch over the trunk of the body, and allowing ten layers only (which is a very small number, when we consider that not the thinnest lamina could be removed from a muscle without exposing new specimens of the same morbid phenomena) from the surface to the bones of thorax or peritoneum, we shall have as follows: $50 \times 16 = 800$ = number contained in a square inch; $800 \times 10 = 8000$ = number contained in solid mass an inch square and ten layers deep. Supposing the height of the adult trunk to be fifteen inches, and the circumference thirty-two inches, we have as follows: $15 \times 32 \times 800 \times 10 = 8,840,000$, contained in the parietes of the trunk of the body. Supposing (what is still a moderate estimate) that the extremities taken together contain as many more, we have at least 7,680,000 of these minute bodies contained within the skin of this patient. Our wonder augments when we find that each of these bodies contains a minute parasitic animal!

Microscopic Observations.—By the use of one of Chevalier's very excellent achromatic instruments, I observed as follows:—They seemed regular oval-shaped cysts, very translucent in the centre, opaque at both extremities. Upon examining very minutely, something very indefinite and circular was seen lying in the cyst. At first I was disposed to believe that this spiral was an alimentary canal, but subsequent investigation proved otherwise.—(Vide figure 1.) Upon using a higher magnifying power, we saw that while most of the bodies contained evidently a regular rounded worm-like body, others seemed opaque and yet very regular, whilst in one case the cyst had been evidently broken, and the creature had escaped from its interior.—(Vide figure 2.) In one case I observed two animals in one cyst. Dr. Farre has seen three, but this is very rare.

I attempted to learn the dimensions of the cyst. They were as follows:—Length, about one sixtieth part of an inch; breadth, one one hundred and twentieth. Unfortunately I had no micrometer when the figures of the cyst with the animal lying by its side presented themselves.

My examination convinced me that there was a living and moving worm (looking like a lumbricus) contained in a cyst of very delicate texture, and containing besides its living inhabitant a gelatinous mass. It was evidently alive on Saturday evening (patient having died on Tuesday, and the autopsy having been made on Wednesday). Most were very quiet, and but two were seen to move by several observers. At times the whole body stirred, causing an enlargement and diminution of the spiral shape. Usually only one extremity, however, was slightly but very distinctly agitated. When there was most motion, the gelatinous-like substance already mentioned was moved likewise. The length of time that life continued after removal from the body of the patient, seems curious to me. Owen has mentioned* the fact of life having been discovered two weeks after the death of the subject in whom they were found. I watched with great care to see if there was any internal motion of the worm itself, of an intestinal or circulatory nature, but I saw none. One of my assistants thought that he did discover something slight of the kind, but I feared at the time he was in error. I endeavored likewise to decide upon the internal structure, but I was baffled in a great measure. I could see evidently parietes of uniform thickness through whole length of body, and perhaps they were about one tenth as thick as the whole body, while a mass of some regularity filled the interior.

The accompanying drawings (figures 1 and 2) had been made, and many observations instituted upon the animal, when I learned that Mr. Owen, of the Hunterian Museum, had described it under the name of *Trichina Spiralis*, and upon examination I found that my drawings and his were nearly identical in their appearance.

The following is the history of the researches on the nature of the animal, so far as I have been able to learn them. Mr. Owen was the first who accurately described its external appearance and gave it a name. This he did in a communication to the Zoological Society in 1835,† and subsequently under the article "Entozoa."‡ It appears that he and Mr. Paget made contemporaneous examinations, and with equal success. But previously to either communication from Mr. Owen, Mr. Peacock, assistant to Dr. Hodgkin, had made a dry preparation of a sterno-hyoid muscle containing numerous specimens of it,§ but the true nature of the affection was unsuspected. "A short time afterwards, Mr. I. Hilton observed two or three cases at Guy's Hospital, and drew up a good account of its occurrence and of the various appearances presented by the cysts, but the worm remained undiscovered, although microscopic examinations were made by Mr. J. J. Lister. Mr. Hilton prepared a paper|| upon the subject for the London Medical and Chirurgical Society,

* Zoological Transactions, 1835. Todd's Cyclopædia of Anatomy and Physiology, Entozoa. Or Medical Gazette, Vol. XV., p. 125, for analysis of same paper.

† London Medical Gazette, April, 1835. Ibid., December 26, 1835, and Transactions of Zoological Society, Vol. IV.

‡ Todd's Cyclopædia, article above quoted.

§ Hodgkin's Catalogue of Guy's Hospital Museum. Specimen 1361, A.

|| London Medical Gazette, February 2, 1833. This paper gives another curious instance of how near one may come to an important discovery, without, however, recognizing the chief object of interest. Mr. Hilton used the microscope so far as to decide that the cyst was probably entozoa (eye-laræ), clustered together, yet he did not see the trichina. The same remark might be made of Mr. Wood's paper.

but its publication was suppressed by the Council." At a later period some specimens occurred at St. Bartholomew's Hospital, which gave origin to Mr. Owen's paper.* Mr. Owen's paper seems to have excited much interest, and a week after the abstract of it was made public, Mr. Wood, of Bristol, published an account of a dissection he made in 1834, and which Mr. W. had been unable to comprehend, until seeing the results of Mr. Owen's examination. The details of the communication confirm most of Mr. Owen's views, except that the animal occurred in an acute disease, and not in chronic complaints as previously.†

Nine months subsequently to this paper, Dr. Farre, upon the appearance of the animal again in another subject at St. Bartholomew's, published a very able and interesting article. In this, besides confirming what had been previously discovered, he gives us more accurate ideas of the internal structure of the animal, and describes the alimentary canal, the ovary, &c.‡ (Figures 3 and 4, fac similis of Dr. Farre's drawings, represent this structure.) Professor Harrison drew the attention of the British Association to the discovery, at the Dublin meeting in 1835.§

In 1836 it was discovered by Dr. Knox, in his dissecting room in Edinburgh, and in the paper he published he mentions that the animal had been noticed in Ireland and France. He, however, confirms merely the results of previous observations in regard to the nature of the animal, though he has some interesting remarks upon the nature of the cyst, &c.|| (Fig. 5.)

In the same year Dr. Hodgkin published a short notice of the worm,¶ and Mr. Curling published notices of two cases.** Finally, Dr. Farre, whom we have already spoken of, gives a very full account of the matter in his article on "Worms found in the Human Body."††

Nature of the Cyst.—The worm is never found except in a cyst, which is transparent in the centre, opaque generally at both extremities; at times, however, one end is like the centre, almost translucent. The ends usually are tapering, and some of them very elongated, usually forming thus an ovoid figure. The cysts are in most cases very numerous, and almost exclusively confined to the voluntary muscles—lying parallel to the direction of the fibres, the large flat muscles being most affected—pectoral, longissimus dorsi, &c. "It is an interesting fact that the muscles infested by the trichina are characterized by the striated appearance of their ultimate fasciculi."‡‡ At first it was supposed that they were exclusively found in the voluntary muscles; but the fact that they have been discovered in the muscles of the ossicula of the ear, &c., proves the reverse. They have never been seen in the heart or muscular fibres of the alimentary canal.

Anatomists vary in their opinions concerning the nature of the cysts.

* Hodgkin's Lectures on Morbid Anatomy of Serous and Mucous Membranes, Vol. I., page 212.

† London Medical Gazette, May 9, 1835.

‡ Ibid., December, 1835.

§ Reports of the Fifth Meeting of the British Association, 1835.

|| Edinburgh Medical and Surgical Journal, Vol. XLVI., p. 86. Vide fig. 5, copied from Dr. Knox's

¶ Lectures, &c., ut supra.

** London Medical Gazette, February, 1836.

†† Library of Practical Medicine, arranged by Alexander Tweedie. American edition, Vol. on Hemorrhages, &c., p. 365.

‡‡ Todd's Cyclopædia of Anatomy and Physiology. Art. Entozoa.

Mr. Owen believes them to be the result of simple inflammation induced by the presence of the animal. Its rough exterior, and its firm adhesions at both extremities to the cellular structure in the muscles, are some evidences of the truth of this assertion. Dr. Knox does not incline to this opinion, but regards cysts as necessary appendages of the animal. Inside of one, I observed a gelatinous mass that moved with the motions of the animalcula. Mr. Owen says the cyst is laminated, and the innermost layer may be separated entire like another cyst;* but he does not seem to imagine, as Drs. Farre and Knox do, that there are two cysts, an internal and external one. In fact, the former of these two observers regards the investigation of the nature of cysts as more difficult than that of the animalcula itself. Dr. Farre says he has occasionally seen the cysts in what he is disposed to believe their different stages of development—some being small and opaque, containing apparently no worm, but only some granular substance—others larger and split open. The former may be the young cysts; the latter, perhaps, present the last stage of development. Figure 5 presents a fac simile of this inner cyst or gelatinous mass, given by Dr. Knox.† The object as well as the nature of the cyst remains as yet wholly in the dark. It is difficult to separate the inner from the outer; but in recent specimens, by a dexterous use of a cataract needle, this may be accomplished. Mr. Owen makes them measure one fiftieth of an inch in length, one hundredth of an inch in breadth. This measure corresponds very nearly with my own. Though usually soft, or only gritty, at times they become ossified so as to dull the scalpel of the dissector.

Nature of the Animalcula.—When first discovered, it was classed by Owen among the lowest order of the animal creation—viz., in the *parenchymatous* class of Cuvier. No traces of a digestive apparatus were at first discovered. Subsequent investigations have raised the animal into the higher class, viz., *cavitary* of the same author, and *coelmintha* of Farre.

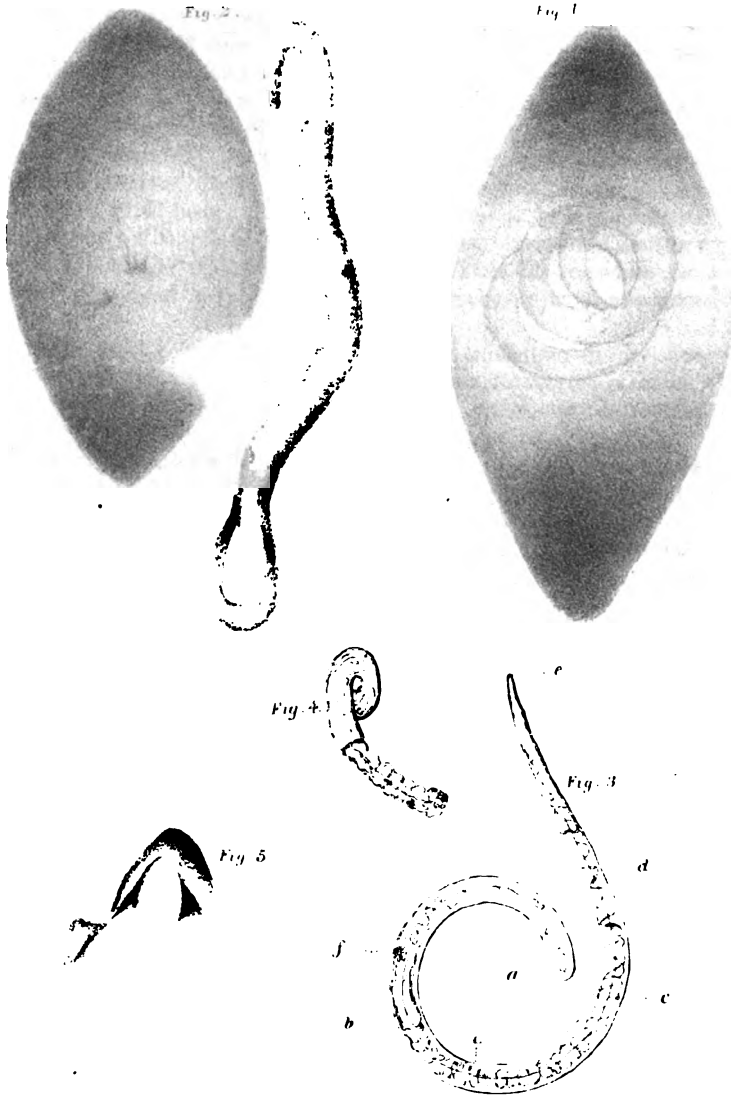
The animal is filiform, smaller than any other human parasite, being one fiftieth of an inch in length and one seven hundredth of an inch in diameter; it is rounded, one extremity being smaller than the other, according to Dr. Farre, but according to Mr. Owen obtuse and equally large at both extremities. The truth, as it seems to me, lies between the two—the animal, as I thought, in some specimens, being flattened at one extremity, so that viewed in one direction it would appear very thin, in another quite as large as the other extremity.

Dr. Farre first described an alimentary canal. (Figure 3.) “Commencing from the large end of the worm, *a*, the canal is seen bounded by two slightly irregular lines running parallel to each other, for the distance of rather more than one fifth of the length of the body, where they terminate in a transverse line, *b*, presenting a slight concavity towards the large end, which line I have observed in almost every specimen I have examined. From this point the canal puts on a sacculated appearance, *c, c*, and these sacculi appear as if bound down by a line extending along the surface of the canal in the direction of the axis.

* Todd's Cyclopaedia of Anatomy and Physiology, page 14, “Entozoa.”

† Edinburgh Journal, Vol. XLVI., page 66.

MONSTERS OF THE CYCLOPS.



- Fig. 1. Cyst containing animalcula.
 Fig. 2. Cyst accidentally captured and Trichina lying by it.
 Fig. 3. Structure of animalcula: a, mouth; b, end of first part of intestine; c, c, sacculated portion; and d, spiral portion of intestine; e, anus.
 Fig. 4. Anomalous halves, sacculated part of intestine protruding.
 Fig. 5. Interior cyst or gelatinous mass escaping from exterior.

This sacculated appearance becomes gradually lost towards the smaller end, where the part assumes a zig-zag or perhaps a spiral course, *d*, and at length terminates in the small end."* Dr. Farre saw this canal move inside of the animal—and once, in cutting the animal in halves, the sacs were protruded, as is described in figure 4.

Mr. Owen, in the early part of his investigations, discovered an aperture at *a*, which he regards as the mouth. Recently he has seen a small slit at the other extremity, at *e*, which he calls the anus. Drs. Farre and Knox have observed the same. Another feature, first pointed out by Dr. Farre, was a small body, *f*, or a collection of ten or twelve granules about one fifth of the length of the body, from the blunt end, and occupying one half of the diameter of the body. This he considers the ovarium, and it is found very frequently. No nervous system has been discovered.

Finally, Mr. Owen regards the *Trichina* as not a distinct species, but probably the young of some other genus—perhaps a strongylus.

Symptoms produced by the Animal.—Nothing satisfactory has been discovered upon this point. Our patient had a kind of "rheumatic" pains in various parts of his body. In other cases the physicians could discover nothing; and I am by no means disposed to refer such a vague symptom to the presence of the animal in the case actually under our notice. In Mr. Hilton's case there were observed numerous animalculæ, apparently "common lice," upon the head and face of the patient, who was cleanly at his entrance to the hospital, and was not near any one from whom he could have received a new supply. "The hair became matted together, and superficial ulcerations were observed on the integuments of the head. The hair was removed by shaving, but after death, when it was about a quarter of an inch long, another accumulation of lice was found."† Whether these were connected with the *Trichina*, I do not learn.

It is connected with no particular disease, though from the seven cases on record that I have been able to find, it usually occurs in chronic organic disease. It has, however, been found in a man who was killed apparently in perfect health. On this subject, the list of recorded cases may be consulted at the termination of this article.

How is it introduced into the body? On this point we may refer to some of the most common theories and facts relative to the introduction of parasitic animals into any part of the system.

1st. Ova are sometimes introduced in connection with food, water, or the more solid articles. The ova, for instance, of the Guinea worm may be received in this way. Dr. Chisholm, in a very interesting paper upon this subject,‡ makes it almost certain that a part of the well-water drunk by the laborers in the island of Grenada contains numerous ova of this parasite. It appears that at one time the worm was apt to be epidemic among the laborers, so that during the months of November, December, January and February, for several years in succession, they

* London Medical Gazette, December 12, 1835, and Library of Practical Medicine, ut supra.

† Ibid., January, 1838.

‡ Edinburgh Medical and Surgical Journal, April, 1815.

were wholly prevented from work. Finally, it was remarked that those alone were diseased who drank of the water of certain wells near the sea shore, that were affected by the tides, they being sunk in a kind of tuf, and only a hundred yards from the salt water. The whites and domestic negroes who used rain water were not affected by the worm. By building tanks for rain water, and by avoiding totally the well water, the worm never returned upon the plantation negroes. The ova in this instance must have been so minute as to be imperceptible to the sight, the water being perfectly transparent, and in taste only a little brackish.

The disease called "botts," in the horse, is caused by the ova of the fly being taken into the stomach from the skin of the animal where they are frequently deposited in great numbers in the form of little white specks.

2d. The œstrus deposits its ova in the skin. The Guinea worm likewise infests the backs of the water-carriers and feet of the pedestrians during the wet season in Bombay, where the soil is of an argillaceous nature. In both of these instances the animal in its perfect form insinuates itself into the skin, the backs being affected in one case from the escape of water from the leathern bottles, and in the other case the feet are attacked in consequence of constant soaking in the water and mud.

3d. There are germs of plants constantly floating invisible in the air. May there not be some ova of animals, in a like minute and volatile shape, which may be received into the body through the respiratory organs, and having found a proper nidus in the muscular apparatus or elsewhere, be there developed. This certainly happens in plants; why not in the case of these minute animals?

4th. The doctrine of equivocal generation might be brought forward. Neither Muller* nor Hodgkin† seem disposed to deny that this may actually take place. In fact, they both lean to the belief that it may at times occur, though neither is disposed to refer to it everything which seems difficult of explanation in the formation of animals. Moreover, direct experiment rather tends to disprove the doctrine.

But to return to the trichina among the seven cases whose records I have seen; none have afforded sufficient details in regard to the hygienic influences to which the patients had been exposed. When I connect our present case with what has been stated in reference to the Guinea worm, it seems more interesting than any previously published. This creature, the Guinea worm, as I have already stated, is brought into the system by water that is drunk, or with which the exterior of the skin happens frequently to be in contact. In the island of Grenada, the sea-water washes into the wells, which are dug in the tuf soil. In Bonbay the rainy season produces epidemics of this worm from an *argillaceous* soil. May not the sea-water of this country, acting upon its soil, set free the entozoic animal now in question? Is it possible that the ova are in the water itself under certain circumstances? Our patient, it will be remembered, was exposed for an hour to the action of salt water. He has never felt well since. He in fact attributed his "tumor to a part of the

* Elements of Physiology, Baly translation, page 16, Vol. I.

† Lectures, &c., as above, Vol. I., page 217.

water that was never removed from him." However absurd this opinion may seem, it proves one thing, viz., his bad health since that time. For several years he has kept a fruit cellar, in which the salt water has at times been eight or ten inches deep; and after the ebb of the sea, the whole atmosphere has been filled with the steam from the saturated earth, augmented by the large fires that he built in order to keep the place fit for habitation. The animals are scarcely visible to the naked eye. Is it difficult to suppose that the ova may have been wafted upon the vapor? or perhaps some of the trichina may have found their way into the stomach of the patient, when we remember that he probably drank water that may have been somewhat deteriorated by exposure in his cellar.

But after all, this is a mere hypothesis. It may be said that thousands of fishermen are equally exposed, and few are affected. In answer, I would state that I throw this out as a suggestion for future observers, and not as an explanation. Moreover, I would remark that probably the reason that the parasite is not found oftener, is owing to our want of care in post-mortem examinations. The question, however, of how the animal got into the patient's body, is yet, and I fear may continue to be, wrapped in darkness; but I thought the Society would feel interested in the subject, as, to say the least, it is new. Only a few specimens of the animalcule have been found in Great Britain, fewer still on the European Continent. I think this is the first time it has been seen in America, and therefore it is worthy of our attention. If my suggestion in regard to the introduction into the system in the present instance seems untenable, all that can be said is that it shares the fate of many other more ingenious apparent solutions of difficult problems.

I subjoin a list of the recorded cases that I have been able to find, together with a few hints as to the best method of examining the animal; and I quit the subject with the wish that it should be watched for more carefully, and if found, the previous history of the patient, and the results of post-mortem examinations, should be accurately detailed.

Number of Recorded Cases.

Mr. Hilton,	Lon. Med. Gaz.	Jan. 1833,	Cancer penis,	æt. 70,	male.
" Wood,	" "	May, 1835,	Rheumatism,	" 22,	"
" Owen,	" "	Dec. 1835,	Tubercles,	" 50,	"
" Owen,	" "	Dec. 1835,	Ulcer,		female.
" Curling,	" "	Feb. 1836,	Good Health,		male,
" " "	" "	Feb. 1836,	Aneurism,		"
" Knox,	Edin. Med. Jour.	July, 1836,	Diarrhoea,	" 65,	female.

Method of examining the Animal.—Cut a very thin slice of the affected muscle, and place it on a piece of glass; stretch until it is translucent, then compress still farther with a piece of talc. In this way, with a microscope of little power, you will see very distinctly the cyst. To examine the structure of the *animalcula*, more care is requisite. You will isolate a cyst, and with a delicate cataract needle you may cut open one end of it, and by pressing a little on the other the worm will come out, either alone or enveloped in the gelatinous mass surrounding it. Straighten

It by means of two needle-points, and you may then examine its structure, and for this a very powerful instrument is needed. I have preserved some specimens by drying and varnishing a very thin lamina of muscle.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 30, 1842.

MEDICAL INHALATION.*

We have been favored by Messrs. Otis, Broaders & Co., with a copy of a tidy-looking 12mo., which, by some untoward circumstance, has been three months on the way from Philadelphia. The author, Dr. Edward Jenner Coxé, enters very heartily into the matter of medical inhalation, as a curative process in various diseases of the respiratory organs.

It would be no difficult undertaking to produce ample authority for anything a man may propose to do; so that the opinions of Rush, Scudamore, Eberle, Mudge, Crichton, Thomas, Corrigan, Ramadge, and others, only prove the truth of the assertion, that great men may be found, in every department of life, to sanction any absurdity as well as great and important truths. Aside, however, from such collateral testimony as Dr. Coxé has brought to sustain himself in the propositions he has advanced, we have such entire respect for his own individual honesty of purpose, scientific accuracy, and professional benevolence of character, that his own statements need no bolstering from other hands to recommend them to our favorable notice.

We concede, in the first place, that Dr. Coxé has made out a fair case; if he were a lawyer, we should feel bound to add that he has done it with marked ingenuity. But inhalation will not always arrest the destructive march of a disease of the lungs. The combined observation of ages has hardly made us acquainted with palliatives enough here at the North, to make the consumptive comfortable during his melancholy progress to the grave. If, however, one patient is restored by any method suggested by Dr. Coxé, he should be hailed as a benefactor. With commendable industry, he has collected the scattered observations of eminent medical writers, and concentrated them in this little crucible of a treatise—where the practitioner may see the whole chart of all that is known upon the value of this mode of medication. People who are predisposed to lung complaints, would have much satisfaction in the perusal of Dr. Coxé's collection of cases, and it is on this account recommended to their attention. On the medical profession, the book is not calculated for making a deep impression; although it will doubtless be viewed in the light of a respectable performance from a sincere well-wisher to the human race.

State Lunatic Hospital.—Dr. Woodward's ninth annual report has been on the table several days, and might have been alluded to, perhaps,

* A Practical Treatise on Medical Inhalation, with numerous cases, demonstrating the curative powers of the local application of various remedies in bronchitis, consumption, and other diseases of the respiratory organs. By Edward Jenner Coxé, M.D. Philadelphia: J. Dobson. 18mo., pp. 160. 1841.

earlier; but there is so much satisfaction in reading whatever comes from his pen, that it is difficult to forbear a deliberate perusal of the whole of it, undisturbed by the customary habit of marking particular passages for future reference. The medical superintendent of the Massachusetts Lunatic Hospital stands at the head of all writers on insanity, in North America. The mass of information he has collected, to be published, it is hoped, in connection with that which has already been given to the public, will constitute a splendid series of important facts, of unquestionable utility to those who are pursuing or who may pursue the same branch of study.

An intimation is given in this legislative document, that this is the last year of Dr. W.'s official connection with the institution. This is sad intelligence to the numerous friends of the hospital. He is so much of a philosopher as to have discovered, beyond doubt, that if he were separate from the Institution, and were to seat himself in an arm-chair at the summit of Mount Holyoke, if the community were not absolutely forbidden to consult him, he could command six times the pecuniary income he now receives from the Commonwealth. If a man of the right sort of talent happen to be in the public service in our day, he is almost invariably compelled to leave it, or have the prospect of an old age of poverty staring him in the face. If the public would have good servants, and keep them, they must be paid enough to sustain them respectably. Dr. Woodward never had an adequate compensation, and the result will probably be that some second-rate man will become his successor. This is plain talking, but it is nevertheless true, in our humble apprehension. Dr. W. has raised the Lunatic Hospital to the character of a model school, where nearly all the medical managers of similar institutions that have grown into being within the last dozen years, were taught those principles on which all prosperous lunatic asylums are conducted; and while we as one of the people regret that necessity obliges him to go from a place that has become distinguished in connection with his name, we are also glad that his knowledge will still be available.

With respect to the literary qualities of this ninth report, it fully equals any that have gone before: it breathes a philanthropic spirit, and plainly shows that, in the author's opinion, the moral management of the insane calls for all the patience, fortitude and benevolence of a Christian, and the skill of a physician. The diseases of the mind are not learned by feeling the pulse, nor mental aberrations corrected by a dose of calomel and jalap.

State of Medicine in America.—The president of the Medical Society of the State of New York, John B. Beck, M.D., in February last, on the annual meeting of the body over which he presides, delivered an "Historical Sketch of the State of American Medicine before the Revolution." This was an unexplored field, in which the learned author has displayed the characteristic powers of an active mind. It matters not on what subject this gentleman, or his equally distinguished brother, Dr. T. Romeyn Beck, exert their intellectual energies, the result is always creditable to them. Such is the fact in regard to this inquiry into the condition of past times. He seems to be just as familiar with all the old physicians, who were here and there scattered over the Union

before the memorable revolutionary struggle, as he is with his next-door neighbors. With but few published documents, of utility in conducting an historical inquiry of this kind, it is surprising how so many important links in the chain of medical progression could have been found. But it is all in type, and those who read it will feel, as we do, that something has been rescued from approaching oblivion that was necessary for the completion of the history of medical science in America.

Medical Science in Kentucky.—Statistical returns of the condition of the Lexington and Louisville medical schools for the present year, are found in various publications from Kentucky. At Louisville there were 263 students; and at Lexington, says the *Observer and Reporter*, 271—making a total of 534, of whom 110 received the degree of Doctor of Medicine. The Louisville Institute graduated 53, and the other College 57. Both institutions are represented to be decidedly flourishing—and the friends of each seem perfectly satisfied with the prospects before them. This is certainly gratifying, and cannot fail of having a happy influence on the medical character of that extensive region of country, of which Kentucky claims to be the medical centre.

Medical College of Georgia.—Familiar as we are with the name of this College, it has been a long time since any of our old correspondents have found it convenient to remember us with any of its transactions or statistics, till Dr. Ramsey, of Bookersville, kindly sent Professor Mean's introductory address, at the opening of the session in Nov. 1841. We like the motto, *better late than never*. The fact is, this pamphlet is a perennial flower, that will always be in bloom, redounding at all seasons to the honor of a class that drew a precious gem from the professional casket. Professor Means is in the chair of Chemistry—a grand field for a man of genius.

Practising Medicine in the State of New York.—The law on this subject is as follows: "No person coming from another country, shall practise physic or surgery in this State, until he shall have been examined and licensed by the Censors of the State Medical Society; and no person coming from another State shall practise physic or surgery in this State until he shall file a copy of his diploma in the office of the Clerk of the County where he resides—and until he shall have exhibited to the medical society of that county, satisfactory testimonials of his qualifications, or shall have been examined and approved by its Censors.

Copying Medical Papers.—Our learned and venerable friend, Joseph A. Gallup, M.D., of Woodstock, Vt., has sent us an elaborately written article, characterized by his usual power, that seems strangely to have crept into a newspaper before it was possible to put it in type for the *Journal*. The manuscript, carefully prepared, is before us—and yet copies of the *Vermont Mercury*, containing the same article, are pouring in upon us with the respects of one friend and another, each of whom wisely thought it would gratify the editor to be put in early possession of a medical memoir of such authority. Thus we are completely anticipated. We

have the manuscript, and all the world has the printed thing itself. Now what are we to do? It is not usual for scientific periodicals to transcribe articles in detail from newspapers. With these explanations, we must at least defer the publication of the article for the present.

Raymond's Fracture Apparatus.—This instrument seems destined to win its way into general favor with surgeons as well as patients. If the naval surgeons would take out half a dozen in each ship, they would find them, we think, superior to any contrivance now extant for counter-extension. Since receiving the opinion of a surgeon who has a fractured thigh under his care, secured by this excellent device, we feel authorized to speak of it more warmly than on any former occasion.

Apparatus for injecting the Lymphatics.—It is a matter of surprise that this necessary anatomical machine is not manufactured by any of the ingenious mechanics of Boston. In the whole city of New York, but just one could be procured on sale. If students are ever to be good anatomists, they must have the requisite tools. Minute anatomy is not studied closely enough at present. An hour or two spent in dissecting a few muscles, is not the way to become accurately acquainted with the obscure points in that most essential of all departments to the beginner.

Animalcula in the Human Body.—The special attention of the reader is directed to a communication in this day's Journal, from our neighbor Dr. Bowditch, which cannot fail to excite the astonishment of those who love to study the phenomena of organic life. The illustrations accompanying the article have been executed on stone, in a superior manner, at an expense we rarely feel justified in making; but we trust it will be a conclusive evidence of a desire to go to the extent of our humble means in serving the interests of the patrons of this Journal.

McLean Asylum for the Insane.—Number of patients Jan. 1, 1841, 126; received during the year, 157; whole number under care, 283. Discharged during the year (including 11 died), 141; remaining at the end of the year, 142. Of those discharged, 75 are classed as recovered.

TO CORRESPONDENTS.—Dr. Hyde's cases of fracture of the skull, and other communications, have been received, and will meet with early attention.

MARRIED.—At Louisville, Ky., Dr. Charles Caldwell, Professor in the Medical Institute, to Mrs. Mary Barton, late of Philadelphia.—Dr. Robert Gilfillan, of White Lake, Michigan, to Miss Agnes D. Voorhis, of Pontiac.

DIED.—In North Carolina, Dr. Thomas Prince Hinton, 30.—At New Orleans, Dr. Samuel Avery, 37, formerly of Lyme, Conn.

Number of deaths in Boston for the week ending March 26, 53.—Males, 20; Females, 13. Stillborn, 4. Of consumption, 5—scarlet fever, 5—lung fever, 6—disease of the heart, 1—hooping cough, 1—debility, 1—anaemia, 1—typhus fever, 1—old age, 3—accidental, 1—drowned, 1—infantile, 1—smallpox, 1—dropsy on the chest, 1—marasmus, 2—inflammation, 1—fits, 1.

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OTIS CLAPP, 12 School street (up stairs), has just received the above-named work, in two vols., edited, with annotations, by Dr. Hall, of New York. Vol. 1 contains the Materia Medica, and Vol. 2, the Repertory of Homoeopathic Symptomatology, with Clinical Remarks. These volumes contain over 1400 pages, and their use is indispensable to the Homoeopathic practitioner. Price \$3 per volume, paper covers; \$1.50, bound. Also just published, Jahr's new Pharmacopoeia of Homoeopathic Medicines translated by Dr. Kitchen, Philadelphia. Price \$3.

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Chelsea, September, 1841.

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WEDNESDAY, APRIL 6, 1842.

No. 9.

CASES OF FRACTURE OF THE SKULL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following cases, which you may dispose of as you think proper.

In Virgil, Cortland Co., N. Y., November 1, 1836, a son of Simeon Luce, Jr., was sent into the fields to catch a horse; but not returning when expected, his friends went in pursuit of him. They found him lying on his back, upon the ground, insensible, and blood issuing in a moderate quantity from the ears and nose. I saw him twelve hours after the injury was received, when he was pale, extremities cool, pulse 120, and stertorous breathing. Did not learn that he had been sensible since the accident. There was no wound of the scalp, except a very small punctured one, a little posterior to the angle formed by the anterior and under edge of the right parietal bone. The existence of an extensive fracture was readily detected by the crepitus. Scalp of same side was detached nearly the whole extent of the parietal, and all the superior portion of the temporal, bone, and there were layers of blood interposed. A crucial incision of the scalp was now made, and the angles turned back, which enabled us to determine more definitely the extent of the fracture. Right parietal bone was comminuted, several fragments of which were readily removed with the forceps, while others were driven in, and so interlocked and retained by depressed portions of the frontal, temporal and occipital bones, as to forbid removal by the elevator and forceps. Under these circumstances, in presence of Drs. Goodyear, Bronson and Jones, the trephine was first applied to a projecting portion of the frontal bone, the perforation of which enabled us to elevate some depressed portions, and remove several spiculæ; but to elevate all the other portions of bone that were making pressure, the trephine was applied both to the opposite parietal and occipital bones, making three crown pieces, which were removed before all the depressed bone could be raised. Middle artery of dura mater was wounded at the time the injury was received, affording at this stage of the case large masses of coagulated blood, the removal of which showed that the dura mater had been wounded at four different points, and that the substance of the brain had been considerably broken, followed by large extravasations of blood. The blood was removed as far as possible, and dressings applied. During the operation, patient had occasional convulsive movements of the extremities. Death took place three hours after the operation.

Is it not reasonable to conclude that this case would have been fatal, from the serious and extensive injury sustained by all the parts involved, even with the earliest, most prompt and vigorous remedial means? It is obvious that two causes of compression existed in this case; to wit, extravasation of blood and depressed bone, and that both were inflicted extensively, and at various points. There was a large quantity of blood beneath the occipito-frontalis and temporal muscles, exterior to the skull; also between the latter and dura mater, as well as between the other membranes, and it was even diffused through some portions of the brain itself. The depressed portions of bone occupied each parietal and the right lateral anterior portion of the occipital bone, as well as the posterior part of frontal, and superior portion of right temporal bone. Finding, as we did, during the operation, that structural injury, to so great an extent, had been inflicted upon all the tissues of the head, we had no doubt in hazarding the opinion that the termination of this case could have been none other than a fatal one, let the treatment have been ever so early and properly adopted.

CASE II.—In Cortlandville, N. Y., on the 29th of May, 1841, David Johnson, a lad of nearly 14 years, who had been subject to epilepsy for several years, was seized with a paroxysm while standing on a narrow foot-hold, several feet above the ground. He fell, striking his head against a narrow projecting body, producing a wound of the scalp three inches in length, with a corresponding fracture of the skull. The fracture was confined to the frontal bone, commencing at its most superior point, nearly half an inch anterior to its junction with the parietal bone, on a line with the longitudinal sinus, running two and a half inches in the direction of the external angular process. It was certain that the fracture involved several fragments of bone, which had been driven directly upon the dura mater, besides some depressed portions situated anterior to the space occupied by the comminuted bone. My associate, Dr. Miles Goodyear, who was in attendance, now made an effort to remove the spiculæ of bone, and to elevate the depressed portions; but the fragments were so firmly held by each other, that every attempt at this object, short of perforating, was unavailable. Reaction having now taken place, the patient was bled at the arm. On my arrival, a little more than three hours from the time the injury was received, the patient was laboring under unequivocal symptoms of compressed brain. The conclusion was to trephine immediately. Accordingly, an incision was extended at nearly a right angle with the wound of the soft parts, making a flap, when turned back, that gave ample room for the trephine, which was applied upon a projecting portion of the solid bone, posterior to the general fracture. The perforation at this point enabled us to remove several of the fragments that were pressing directly upon the dura mater, and to elevate, in part, one portion of depressed bone; but the entire elevation of all that was making direct pressure, was prevented by an angular projection from the solid bone. This was readily removed by the saw, which allowed an entire elevation of all the depressed bones, producing at once a perfect return of sensibility. It may not be improper to state here, that as soon as the pressure was removed,

the patient went into a violent fit of epilepsy, of some thirty minutes duration, suspending a little the operation; but as it subsided, the stupor following the paroxysm gave an opportunity to conclude the operation and apply the dressings.

The treatment after the operation in this case was simple, as no unfavorable symptoms occurred. On the fourth day patient walked his room; and on the eighth left the house and walked moderately in the open air. The fact that there was not a single unpleasant symptom after the operation in this case, is a circumstance that varies it from the majority of cases of this kind. Patient has enjoyed good health since the operation, except the epilepsy, the paroxysms of which occur at longer intervals than previous to the injury. **FREDERICK HYDE.**

Cortlandville, N. Y., March 16th, 1842.

METEOROLOGICAL AND MEDICAL OBSERVATIONS ON THE AZORES.

EXTRACTS FROM LETTERS TO A PHYSICIAN IN BOSTON, BY AN INVALID.

[Communicated for the Boston Medical and Surgical Journal.]

THE atmosphere is remarkable for, as near as I can describe it, a kind of mellowness and buoyancy, like a bright June morning in New England, and also for its excessive humidity. The moisture is so great that wood, in the open air, decays very rapidly; iron is corroded almost immediately, and even clothes are injured unless great care is taken of them. Rain falls in small showers, and *never* in storms as with us. In one moment the sun will be shining brightly, and the next the rain will pour as if the windows of heaven were opened. Presently the rain stops, the clouds break away, and the sun comes forth again; but scarcely has he dried the pavements ere they are moistened once more. You must remember this is their winter; it is not the case always.

The islands are situated within the north east trades, so that for nearly half or a third of the year, the wind is constant from that quarter. They commence about the middle or last of May, and during their continuance I am told the weather is settled, the air bracing and clear, and it is rarely rainy. The southeast is the most uncomfortable wind, blowing directly from the snow on the summit of Pico. Southerly and westerly winds are universally accompanied by frequent showers, while the north and northeast give promise of fine weather. The temperature of the air in the shade is quite moderate, the mean for the latter half of February last being 58 degrees; for March, 59; for April, 60; for May, 62.2; for June, 67; for July, 70.3; for August, 74; for September, 67.9; for October, to the 19th, 68.3. The range of the thermometer during these months, was 4 in October, the least; and 7 in September, the greatest.

Fayal lies so immediately upon the top of the ocean, that most of the well-water is impregnated with salt. The wells rise and fall with the tide, except in the very interior of the island. The inhabitants use this brackish water, though, at first, it is very disagreeable. Mr. Dabney, the American Consul, and most of those who are able, have large

reservoirs to contain rain water, and thus provide themselves with a wholesome drink. The soil is exceedingly light, but with manure and good cultivation is quite productive. The islands are volcanic, and of course the earth shows marks of its origin. Small craters are found in all parts, and lava may be picked up in abundance. Pico continually sends forth more or less smoke, reminding one of the fires that slumber in its bosom. But they have not burst out for many years. Earthquakes are occasionally felt, but so slight that no alarm is excited. A slight trembling of the ground occurred a week or two since, not sufficient, however, to arouse me from sleep.

Of the plants of the island I, as yet, know little or nothing, and unfortunately am not enough of a botanist to speak from my own observation. The castor oil tree, or shrub, is found here; the opium poppy grows quite luxuriantly, almost wild, and squills can be produced with a little attention. There are many other plants and herbs of a medicinal character, as well as flowers, as beautiful as can be found in any part of Flora's dominion, with which I will not weary you now.

As to the general health of the inhabitants, and the diseases incident to the climate, I am not capable of judging. Dr. Bullar, an English physician, visited the islands a year or two since, and within the last two months has published an account of his visit. As his work would not be likely to be found in America, I shall take the liberty of making a few extracts. "The diseases of the natives are such as might be expected from the mild and equable climate; they are of a passive and atonic, rather than of an active character. Not that active diseases, such as acute inflammations running a rapid course, are not occasionally met with among the young and robust, but that in general the affections are rather of a nervous than of an inflammatory kind; indicating either a deficiency or an irregularity in the distribution of nervous energy, as if particular nerves were in a feeble and unstrung condition. Thus the prevalent complaint, and one that is very common, is a painful affection of the nerves of the stomach, unattended with much disorder of the digestive function itself, or of the general health; a dull, slow, aching pain, coming on soon after meals, and lasting many hours. In many cases this had lasted for several years; in some aggravated ones there were other symptoms, such as pyrosis and constant vomiting. The most common exciting cause of this affection among the poor, is their diet; their principal meal consisting of cabbages and potatoes, chopped up, boiled and mixed with a little lard. It is necessary for strangers to be very cautious in their diet, lest they should suffer from this form of indigestion. Somewhat stimulating food and wine are advisable, as well as a very cautious use of vegetables and fruit.

"Next in frequency to this disease of the nerves of the stomach, are painful affections of other nerves of the body, including rheumatic neuralgia; and loss of sensation (either partial or complete) in single nerves, is not unfrequent. Hypertrophy of the ventricles of the heart is more common than in England, and is sometimes accompanied with asthma, which is by no means a rare disease. Leprosy (*elephantiasis tuberculata*) may be said to be endemic, but it is not frequent; much less so,

probably, than at Madeira, where there is a hospital devoted to those affected with this disease.

"The children of the poor, from their constant exposure to the open air, their simple food, and the light, unfettered dress which the mildness of the climate permits them to wear, are very healthy. I saw but few scrofulous diseases. The complaint to which they are most subject is bronchial inflammation, which sometimes seemed to lay the foundation of organic diseases of the heart, and of asthma.

"On the whole, the diseases were simple and easily managed. Complicated organic diseases, or morbid growths of a malignant character, are rare. I met with but few cases of fever; in these the fever was complicated with inflammation of the bronchial and intestinal mucous membranes. Morbid growths of a simple character, such as steatomatous, fatty and encysted tumors, requiring removal, were not uncommon; and I saw many cases of bronchocele.

"Consumption is extremely rare. I saw only two cases among four hundred and sixty-five patients who fell under my observation, most of whom were affected with diseases of a chronic character. This immunity from consumption is further evidence that one of the principal causes of this destructive disease is great vicissitudes of temperature, and it also shows that great humidity, when accompanied by a warm and equable temperature, is a favorable circumstance, rather than otherwise, in a climate which is sought by those who are predisposed to tubercular diseases of the lungs. In the island of Malta, where the air is very dry, although the climate is warm and not very variable, consumption prevails to a very considerable extent. The dryness of the air is shown by the quantity of dust which floats about in the atmosphere for more than half the year. In the Azores, on the contrary, dust is rarely seen."

In reply to your inquiries about accommodations for strangers, &c., I can only say there are almost none at all. Boarding-houses or hotels are not to be found, though one of the former may be opened in the spring. Houses can be easily hired at a moderate rent—say from \$60 to \$200 per year—and readily furnished with the Azorean furniture. Imported furniture, as well as manufactures, bear an enormous duty, so that it would be extremely injudicious for a person to bring any with him. Servants, of course speaking the Portuguese language, can be procured at the rate of from \$1.50 to \$3.50 per month. The expenses of living in other respects are also very much less than in New England. Labor is paid at the rate of from ten to twenty-five cents per day. Horses are kept only by private individuals, and an invalid would find it impossible to hire one for exercise; a donkey might be procured, but that would be doubtful. The roads are so super-eminently bad, that horse-back riding, could animals be hired, is not over pleasant.

The chief production, that is, for export, is oranges. Lemons are also exported, though not in very large quantities. Fruits of all kinds are found here in great profusion, and at all seasons of the year. The soil is very well adapted to the raising of corn, wheat and potatoes, and about \$20,000 worth of the latter, including a few other vegetables, are annually sold to the American whalers, that touch at Fayal. Mr. D.

has lately introduced the mulberry, to which the climate seems peculiarly suited, and silk may become a staple of the island. He has also introduced the tea-plant, which apparently thrives well, but its success is problematical. In speaking of the exports, I referred to Fayal alone; the grape should be placed next to, if not before oranges, as a production of the islands. It is produced in every one of the group, though this island is not so favorable to that one article as some of the others. In taste it excels any I have ever seen; of the wine it produces, others are better judges.

FRACTURED PATELLA.

BY DR. E. HARTSHORNE, RESIDENT SURGEON OF PENNSYLVANIA HOSPITAL.

HENRY O'H., 60 years of age, feeble and emaciated, entered Nov. 11, with a transverse fracture of the left patella. The man stated that while walking in a cellar, he stumbled, and in falling struck his knee against the jutting end of a log of wood. He was unable to rise, and immediately observed a depression in the knee-pan wide and deep enough to admit his thumb.

When brought into the ward, about eighteen hours after the accident, he appeared to be in great suffering; the joint had already become very tumid and tense, and so painful as to preclude any but a superficial examination into the condition of the parts. It was ascertained, however, that the fragments were at least an inch and a half if not two inches asunder.

The limb was extended, confined with a roller—in this position on a back splint long enough to reach from just below the tuber ischii nearly to the heel, and elevated on an inclined plane, so as to flex the thigh on the pelvis—at the same time the body of the patient was propped up with pillows in order still more completely to secure the relaxation of the muscles, as well as to afford the man an easy recumbent position.

Owing to the great violence of the inflammation no forcible approximation of the fragments could be tolerated by the patient before the end of the first week. During this interval, the treatment by position was combined with the ordinary antiphlogistic regimen of rest, low diet, copious leeching, and saturnine lotions, rigidly maintained. On the eighth day the separated parts were brought within two or three lines of each other; and so maintained, in the following manner. Moderate and uniform compression of the limb having been effected by a roller carefully applied from the toes up to the middle of the thigh, the fractured surfaces were retained in their juxta-position by means of pads subjected to the pressure of a roller carried with some force around the knee and splint, in two series of circular turns; the first of which operating on the upper margin of the patella, passed below the projecting ends of a cross-bar two inches wide, fixed transversely to the splints, at a point corresponding posteriorly to the tubercle of the tibia; the other series moved around the lower margin of the bone and above the projecting ends of the same cross piece. By this arrangement, the retraction of the upper fragment

and the displacement of the lower were effectually counteracted without the constriction of the limb produced by the ordinary figure-of-eight bandage, especially when applied without the intervention of a splint and cross-bar.

In this case, as the sensibility in the injured joint did not rapidly abate even after symptoms of more active inflammation had subsided, very little force was at first exerted on the retracting portion of the bone. This force was gradually increased in the course of the first three weeks, although it was not at any time very great, as the patient, being aged and of an irritable temperament, was intolerant of pain and bore the compression badly, while at no time did there appear in the muscles any strong disposition to contract. The lead-water dressing was continued at least fifteen days, until the heat of the part had nearly all disappeared.

Very firm and close union by ligament was found to be complete by the twenty-eighth day, the fragments being within the eighth of an inch of each other and entirely immovable. The patient was allowed to walk about on crutches with the splints still on, after confinement in bed about five weeks. In about ten days after leaving his bed he was directed to walk with the crutches alone, the splints being removed and a bandage only remaining. The knee was passively moved and well rubbed with soap liniment every day. Discharged January 29th, with the power of extending the limb very good, flexion being still difficult on account of the partial ankylosis arising from the treatment.

Remarks.—The present is the second case treated successfully in the last six months, with the apparatus here described. The first case was even more unfavorable than this. A young German was admitted July 10, having received a transverse fracture of the patella with a small wound of the soft parts in front slightly exposing the bone, caused by the kick of a horse. Severe inflammation of course soon invested the injured part to such an extent that position only was available in the management of the fracture, until the acute symptoms had been subdued by active antiphlogistic measures. The compresses and bandage were first applied about the twentieth day, at which time the external wound had nearly cicatrized. The fragments were brought very near together, and union by a dense ligament advanced very well. After having walked about with the splints on for two or three weeks, the man was discharged September 8th, with a trifling separation of the bone and a very good use of the joint. The splint employed in these cases is that of Desault, modified by the addition of the cross piece. The bandages recommended by that authority, however, are omitted, the simpler bandage around the knee and splint being preferred. It was employed as the ordinary apparatus of the house twenty years ago, without being at the time considered original or peculiar. A writer in the *London Lancet* for 1835–6, about six years since, introduced it, however, as a novelty to British surgeons, and advocated its employment. Lonsdale, in his work, describes it, and attributes its contrivance to this writer. It certainly possesses simplicity and ease of application, without creating much discomfort to the patient, while it appears to answer all the indications extremely well.—*Med. Examiner.*

CASE OF IDIOPATHIC HYDROPHOBIA.

BY J. KIMBALL, ESQ., M.R.C.S.L.

W. K., aged 24 years, of a bilio-lymphatic temperament, has, during the last month, suffered from occasional attacks of palpitation of the heart, occurring generally in the night, and invariably followed by profuse perspiration. On October 4th, 1841, he rode a distance of fourteen miles, and on arriving at the end of his journey at about 12 o'clock, A. M., he was seized suddenly with great difficulty of breathing, pain over the region of the heart, and painful sensations over the chest. The paroxysm continued for a few minutes, when the dyspnœa and pain gradually subsided; he afterwards ate a good dinner, and appeared as well as usual, until about eight o'clock in the evening, when all the symptoms returned with greater violence than before, and to so distressing a degree did the dyspnœa increase, that there appeared to be imminent danger of suffocation. He was now bled to eighteen ounces, but without any manifest relief, and the operation was repeated in three hours to the amount of six ounces, which had the effect of considerably relieving the pain.

About 5, A. M. Oct. 5th, I saw him; he could not speak, although conscious of what was passing around him; I was informed that he had had violent convulsive movements of the arms, which had lasted nearly an hour, and he now appeared to be suffering from a spasmodic constriction about the glottis and pharynx, causing extreme difficulty of respiration, which had a peculiar crowing character; he had likewise a great desire for water, and complained much of thirst. No sooner, however, was this fluid brought into his presence than it was obliged to be withdrawn; the sight of it caused an alarming increase of pain about the larynx, with a horrible feeling of suffocation; but with the removal of the water the symptoms became ameliorated. From so many hydrophobic symptoms being present, I was apprehensive he might have been bitten by a dog, and questioned him upon this subject very closely; but to all my interrogations he shook his head negatively. During the intervals of ease his pulse was full and soft, and averaged eighty beats in a minute; his tongue was clean, the bowels were regular, and the skin of the natural temperature. Aware that there was a predisposition to spinal disease, I examined the back, and found about the lower part of the cervical region tenderness on pressure, and I observed that *this pressure invariably produced* an exacerbation in all the symptoms, and of this I fully satisfied myself, and my patient likewise, by repeating the pressure three or four times. A blister was applied over this spot; it rose well, and he soon became able to swallow. Doses of opium were given by the mouth, and an opium injection was administered per rectum. I should have stated that from the commencement of the attack up to the present period, he has experienced a great difficulty in passing his urine, but none in voiding his feces.

5. Much improved in every respect; but when his head was raised, the spasm was speedily re-produced. He had a constant smacking of his lips, and frequent twitchings of his legs and feet; the right arm partially paralyzed; no headache; no confusion of intellect.

7. Still improving; spasms had entirely disappeared; he could swallow fluids with the greatest ease; tongue clean; bowels well opened; secretions healthy; he can now be raised without suffering; the blister discharges freely. The dorsal region was rubbed with an embrocation, containing croton oil, tartar-emetic, &c., and quinine was given during the day, with henbane at night. From this period he gradually progressed, and at the end of the month was thought sufficiently improved to resume his avocation. One day, however, previous to his intended departure, he had a recurrence of the dyspnoea, but in a much less degree than before. This was immediately treated by the application of leeches to the cervical region, followed by a blister, when all the symptoms soon vanished. He has two issues, one on each side of the cervical vertebræ, which discharge freely, and he may now be considered convalescent.—*London Lancet*.

TREATMENT OF UTERINE HÆMORRHAGE.

DR. GRATTAN, of Killeagh, observes:—"Having directed my attention to the administering of powerful styptics, I commenced by giving tolerably large doses of sulphate of alumina and aromatic sulphuric acid with the most decided benefit; finding that under the use of this medicine the hæmorrhage would become lessened in a few days, I commenced giving a mixture of—Sulphate of alum, 3 iij.; sulphate of magnesia, 3 xij.; aromatic sulphuric acid, 3 ij.; water, f 3 xij. M. Of this an ounce was given every four hours, and where much pain existed a grain and a half of acetate of morphia was added to the whole. When the stomach rejects every other medicine, and even brandy and water, this will remain down; and, after the administration of one or two doses, the hæmorrhage will be considerably lessened; and seldom or never have I to go beyond four doses, when it will have ceased; but when I arrive at that stage, I continue the mixture without the sulphate of alumina, and give it in doses of an ounce three times a day for two or three days. In about two hours after the first dose has been taken, the patient becomes hot, the tongue hard and dry, presenting much of a typhoid appearance; pulse hard and steady; considerable thirst, which must not be too largely gratified; and these symptoms will remain, should the bowels not be acted upon by the sulphate of magnesia in the mixture. A copious evacuation of the bowels should be effected within twelve hours; and if the medicine does not effect this, we should give one ounce of castor oil and two drachms of tincture of jalap in a little peppermint water. Should this not succeed in the course of two hours, a quantity of warm water must be injected with an enema syringe. This practice is absolutely necessary, as should the bowels be too long confined mucous inflammation might ensue. After they have been well freed, the tongue gradually regains its natural appearance, and the secretion from the uterus will, in the course of twenty-four hours, become thin and foetid, quite pale in color, and gradually disappear after a little time. Such has been the manner I have for years treated cases of this description, and the

success that has attended the practice has been most encouraging.”—*Provincial Journal.*

[Cautious practitioners may deem this a rather severe plan of treatment.—ED. LANCET.]

PECULIAR NERVOUS AFFECTION OF THE FORE-FINGER.

DR. RISDON BENNETT called the attention of the Medical Society of London to a singular kind of local nervous affection of the fore-finger of the right hand, which interfered with the action of writing. He had seen three cases of the kind, all occurring in persons more or less of studious habits. In one of these cases, the gentleman was a hard student, and had been employed very much in writing. About twenty years ago, he found himself one day, suddenly, unable to write, for the moment he attempted to grasp the pen in the usual position for writing, the fore-finger was suddenly extended with a violent convulsive action, and the pen thrown to a considerable distance. Further attempts at retaining the pen were fruitless, as was also an endeavor to write with the pen placed in a different position between the fore and middle fingers. He was eventually under the necessity of writing with his left hand, which he now did. The nervous affection in the right hand fore-finger still continues, but is called into action only when he attempts to write. In another case, the gentleman was not particularly studious, but was subjected to the same annoyance: in him the affection has existed for several years. Now in neither of these cases did the complaint appear to depend upon any derangement of the general system, or of the nervous system, but appeared to be a local affection depending upon excito-motory causes, and was called into action the moment the point of the finger in the position for writing touched the paper. Neither of these gentlemen were thin, and their fingers did not want flesh.

Mr. Dendy had met with several cases of complete numbness or paralysis of the index finger in gentlemen much accustomed to writing. In these cases there was much attenuation, and the extremities of the nerves at the point of the finger were not sufficiently covered. He had attributed the phenomena exhibited in these cases to paralysis, resulting from long-continued pressure upon the nerves; and the consequent loss of antagonizing power in the exterior muscles, by which the finger was thrown up.

Dr. Bennett remarked that in his cases there was nothing like paralysis, in the usual sense of that word.

Mr. Proctor knew nothing of the excito-motory system, as it was called; he should look further than the extremity of the finger, in such cases as these, for the cause. The spinal marrow or the brain, he believed, was at fault: an overworked brain, he considered, would produce a local affection of this kind; it was of the nature of the movements in chorea. He would ask those who questioned his views, how they explained those local convulsive actions of children, confined as they were to the thumbs, and indicating, as they did, mischief in the brain.

Mr. T. W. Elliot inquired whether the cases in question bore any analogy to those involuntary local actions of the muscles of the face, which were frequently dependent upon irritation in the *prima via*—as worms, in the case of children—and were removed by a purgative?

Mr. Hancock believed the cause of Dr. Bennett's case should be sought for at the extremity of the nerve, and not at its origin; he therefore agreed with Dr. Bennett in referring the phenomena to the reflex function. He believed the affection would have been more general, had its cause been situated in the brain or spinal marrow. He differed from Mr. Dendy, in supposing there was a want of antagonizing power in the flexor muscles of the finger, because in these cases the power exerted was not continuous, but was merely a convulsive action.

Dr. Theophilus Thomson had seen a case similar to those described by Dr. Bennett. In this instance the affected person was a solicitor, and the spasmodic or rather quivering action was confined to the muscles of the thumb, and came on when he attempted to hold a pen. His brain had been overworked by business, as well as his thumb by writing. He recommended rest for both, under which a recovery soon took place.

Dr. Johnson should refer the local nervous affection, in some of these cases, to disorder of the digestive organs; they could only be explained on the doctrine of sympathy, or what had lately been called the excitomotor system. It was no proof that his view of the case was incorrect, because the effect had been so permanent. We know that in the human body the effect often remained when its cause was removed: but who was to say that there was not a permanent, but hidden, cause of irritation existing in these cases.

Mr. Pilcher believed the affection in Dr. Bennett's case to be local, and dependent upon excitomotor causes. The same kind of action would occur in other muscles when the patient was otherwise in excellent health. He should not look to the brain as the origin of the mischief in this case, but he believed that the irritation was conveyed to and from the spine; or, what was much the same, to and from the ganglion or the carpus. It was a similar condition of the muscles of the finger, as that which was observed in the muscles of the fore-arm in the "hand-drop" of painters, in which there was a loss of balance between the extensor and flexor muscles, and which affection he believed to be entirely local. He had found that these cases of hand-drop were always confined to the right hand. If the phenomenon was dependent on the absorption of lead, why should it affect one hand only? In a case of this kind which had come under his care two years since, he had blistered the back part of the arm, and used strychnine internally. The practice was empirical, but the man got well; whether from refraining from work, or from the remedies, he could not say. He had since had the same patient under treatment for the same affection. He had noticed on both occasions that the strychnine produced a very distressing eruption over the entire surface.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 6, 1842.

REGIMEN AND LONGEVITY.*

THESE two subjects occupy the thoughts of mankind perhaps more than any others. What we shall eat, what we shall drink, and wherewithal we shall be clothed, are forever on the tongue of the civilized; and the savage, without saying so much about it, concentrates all the forces at his command to provide for his immediate physical wants, and prizes longevity because the longer he lives the more he expects to enjoy the gratification of inherent appetites.

Dr. Bell, the erudite editor of the Select Medical Library, at Philadelphia, is the author of a new work which is calculated to make a sensation. Coming from high authority, every proposition and every declaration will necessarily have its weight both with the wise and the ignorant. The most stupid people are stongly persuaded that they are intimately acquainted with what is good and what is bad in dietetics, and on all occasions thrust in their own experience, with a view to the promotion of individual human happiness, as it regards regimen and whatever conduces to health, and, consequently, longevity. Dr. Bell must expect, therefore, to meet with hard rubs from some of the most inveterate ignoramuses of the age, who pride themselves in their attainments in certain physiological discoveries, which would lengthen out the life of man to Methusaleh's age, and re-people the earth with giants in body and intellect, if they were clothed with sufficient authority to enforce their doctrines as well as their diet.

There are fifteen chapters in Dr. B.'s work, which are elegantly written, and embrace the whole circle of knowledge upon the topics discussed. The first treats of Public Hygiène; 2, National Dietetic Usages; 3, the same; 4, the same; 5, Vegetable Food; 6, the same; 7, the same; 8, the same—fruits; 9, Sugar—Grapes; 10, Fruits; 11, Animal Food; 12, Animal mixed Food; 13, Drinks; 14, Alcoholic Drinks; 15, Longevity. Such is the scheme of Dr. Bell's deliberations, that scarcely an item has escaped his investigations, which has even a remote relationship to the inquiry before him. It is really a learned production, evincing patient inquiry, and uncommon devotion to the investigation of such subjects as have or may have a bearing upon present comfort or future longevity.

With this brief notice of Dr. Bell's labors, we are reluctantly compelled to forego any further remarks the present week. That elaborately-constructed observations will be made upon the work, seems quite certain. The advocates of an exclusive vegetable regimen, will here find abundant evidence to strengthen them in their adoration of farinaceous food. Those who doat on a surlain will not give it up on reading this treatise, although the author is cautious in not committing himself for or against animal

* On Regimen and Longevity, comprising materia alimentaria, national dietetic usages, and the influence of civilization on health and the duration of life. By John Bell, M.D., &c. Philadelphia: Harwell & Johnson. 8vo., p. 490. 1842.

food. If we mistake not, he relates evils enough resulting from the consumption of meats, to make one pause over an excellent dish. We shall endeavor to revert to this work again, more in detail.

*Climate of the United States and its Endemic Influences.**—Dr. Forry's learned work, announced some months ago, is finally published, and may be found on sale in Boston. The design, says the preface, is to exhibit a connected view of the leading phenomena of our climate, both physical and medical—comprising all the author's observations on the subject, chiefly based on the Army Meteorological Register. Much intellectual acumen is discoverable in every page, and the industry manifested reminds us of the indefatigable diligence of Kepler, called, by way of eminence, the navigator of the skies. Dr. Forry has an undisputed claim to the honor of having methodically investigated a class of phenomena almost wholly overlooked by his predecessors, and we are sure that very few of his contemporaries will dare to interfere in a domain so successfully cultivated by himself.

The Basis of true Physiology.—In the fifth No. of the New Churchman, a periodical devoted to the dissemination of the doctrines of the New Jerusalem Church (Swedenborgian), is a curious communication, entitled "The correct definition of man, the basis of true physiology." The article possesses nothing objectionably singular about it, save only that such a publication is the last place in the world we should have thought of looking for an able and vigorously written dissertation on the general truths of physiology. It would have done credit to any medical work, as a specimen of thorough acquaintance with the highest veritable sources of physiological inquiry, and therefore we esteem it in the light of a gem, unfortunately concealed from public view, since it is presumed that the New Churchman is limited in its circulation to the sect for which it is exclusively published. The philosophy of sympathy is fully treated on, and it is shown that in the present age little more is known on this point than in the life time of Aristotle. But, says the writer, "the new physiology which must supersede, to a great extent at least, the speculations of the past, will be founded on a correct definition of man. With this definition, the receivers of the doctrines of the New Church, and the readers of Emanuel Swedenborg, are already acquainted, viz., that man is the form of a society; the constituent individuals of which society are all the members and organs which, in the aggregate, produce the human form: and that the several operations and functions of these members and organs, are but the efforts which these individuals reciprocate, each to do good to the other." Again—says A. T. L., who is evidently a citizen of Boston, "we have spoken of the brain as the highest and inmost organ. It is the primitive formation of man, and the medium of all descent from the heavens to the world, and of ascent from the world to the heavens."

Some slight notion may be formed of the bias of the amiable author's mind, by these extracts. As a whole, unconnected with the peculiar symbolical method of reasoning generally characteristic of the followers

* The Climate of the United States and its Endemic Influences, based chiefly on the records of the Medical Department and Adjutant-general's Office of the United States Army. By Samuel Forry, M.D. New York: J. & E. G. Langley. Philadelphia: Borington & Haswell. 8vo., p. 378.

of the New Church, we have been exceedingly gratified with the beautiful train of thought which occupied the author's mind while elaborating the article.

Evils of Modern Music Teaching.—A gentleman who lost his only daughter a few days since, by a rapid pulmonary consumption, and who has ascertained that other young ladies are suffering from the incipient approaches of symptoms precisely like those he has so painfully witnessed in a member of his own bereaved family, suggests that lesions or some other equally injurious effects are produced in the lungs by the modern mode of vocal instruction. The instructor begins with the pupil by causing a full inspiration to be made—the lungs being distended to their utmost capacity. When in that condition, a horrible noise called a sound is to follow, by allowing the slow escape of the unnatural volume of air, pressed upon by an equally unnatural effort of the external respiratory muscles. The object is said to be the *strengthening* of the lungs, which is absolutely ridiculous, and no more philosophical than holding one's feet in a tub of cold water to produce a better base. Now if it is true that music-masters actually begin their lessons by overstraining the delicate tissue of the air-cells, they are sowing the seeds of a wide-spread desolation, that requires an immediate and careful investigation. Our young ladies are swept off with melancholy rapidity throughout New England, almost before they have begun to live, through the combined agency of a variable climate, the vices of civilization, and dress; and if there is to be another power brought into requisition, under the specious character of a vocal education, some counteracting influences should at once be devised to undeceive parents, and to developè a less objectionable system, that does not bring disease and premature death with the first songs of youthful vivacity.

Hope on the Diseases of the Heart.—We are glad to see that Dr. Dunglison has begun the publication of this work in his Monthly Medical Library. Dr. Hope is at present of St. George's Hospital, and has held the presidency of the Edinburgh Royal Medical Society. His reputation and experience are of a character to enlist confidence in his work as one of the most valuable and carefully prepared treatises in this department of medical science. It has already passed to a third London edition, and its value and interest will be enhanced by the notes and details of experiments of Dr. Pinnock, of the Philadelphia Hospital, which accompany it. It will be furnished with several plates. The value of this and other recent works that have been furnished in Dunglison's Medical Library, deserve to attract the attention of the profession. The eight Nos. of the current volume contain Sir J. Clark's *Sanative Influence of Climate*; *Changes of Blood in Disease*; a translation by Dr. Dix from the French of M. Gibert; *Sources and Mode of Action of Fever*, by Dr. Davidson, of Glasgow; *Introduction to the Study of Medicine*, by Dr. Macrobin; *A treatise on Amaurosis*; besides a condensed record of Medical Intelligence, occupying some twenty pages in each monthly No. The Library is \$5 per year. Jordan & Co., No. 121 Washington street, are the New-England publishers.

Medical Miscellany.—Dr. DeKay, of the New-York Geological Commission, has prepared drawings of 2000 animals, natives of that State;

Dr. Torrey as many of indigenous plants; and Dr. Conrad about 600 of organic remains. Scarlet fever, says the Exeter (N. H.) Democrat, is raging in our vicinity, and seems to be the prevailing disease of the season.—The tooth of a mammoth has been found in a marl-bed, three miles south of Le Roy, N. Y., which originally must have been eight or nine inches in circumference. Further examinations are intended, with a hope of finding more remains of the same kind.—The venerable Deacon Whitman, of Bridgewater, whose name is annually mentioned on account of his extraordinary longevity, entered on his 103th year last Monday.—Dr. Cartwright's letters, in the Mississippi Free Trader, are exceedingly ingenious, and there is much truth in the medical evidence he brings forward, but his main argument is not exactly in accordance with the public sentiment in all parts of the world.—A servant girl died at Exeter, N. H., week before last, in consequence of breaking a looking-glass accidentally. Believing that it forbode evil, she soon fell sick, and on the second or third day, without any other disease than such as resulted from fear, actually died, a victim to an absurd superstition.—In the northern part of Vermont scarlatina has been exceedingly prevalent, and fatal too, it seems, by the number of deaths mentioned by it in the country papers.—Dr. Griscom, of New York, is editing a new botanical and horticultural Journal.—Dr. Edward H. Dixon, of New York, our industrious correspondent, is the author of a series of tart articles in one of the daily papers, on the never-ending subject of quackery. The question has been repeatedly asked, who is Dr. Elliot, styled the oculist—and where was he instructed? The interrogatory remains open for an answer, under a responsible name.—Young physicians, well qualified, are patronized by the government of Egypt. A scarcity of medical men in that country is said to have led to the commencement of the encouragement held out by the ruler of that ancient land.

TO CORRESPONDENTS AND SUBSCRIBERS.—Dr. Davis's case of Empyema, and Dr. Dixon's remarks on Strabismus, will appear next week; also a note from Dr. Forbes, editor of the British and Foreign Medical Review.

Subscribers who are in arrears for the Journal are respectfully requested to forward the amounts due. Postmasters are generally willing to frank letters containing money for periodicals, and all who can avail themselves of this mode of transmitting their subscriptions will confer a particular favor at this time by doing so.

DIED.—At Albany, N. Y., Dr. James L. Henry, greatly lamented.—At Philadelphia, Horton Bethune, M.D., of Charleston, S. C., of consumption, 40.—In Philadelphia, Dr. Culp—killed by a fall from his horse.

Number of deaths in Boston for the week ending April 2, 47.—Males, 19; Females, 28. Stillborn, 3.

Of consumption, 7—scarlet fever, 8—sudden, 2—dropsy on the brain, 1—Inflammation of the lungs, 1—lung fever, 4—erysipelas, 1—disease of the heart, 1—cachexia, 1—infantile, 2—canker rash, 1—child-bed, 2—palsy, 1—debility, 1—canker, 1—intemperance, 2—fits, 1—hooping cough, 1—disease of the head, 1—old age, 2—typhus fever, 2—disease of the head, 1—smallpox, 1—ulcers in the head, 1.

MEDICAL INSTRUCTION.

The subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

For the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., Publisher.

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—3m

W. E. HORNER, Secretary.

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, Central Depot, No. 19 Cornhill, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDEL, WEAVER & MANDEL, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dealers also supplied with superior specimens of all the articles used in their practice. Homoeopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee,
John W. Warren.

Mh. 16—e3wly

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Slickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Babb, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure the quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be sent from the post office. June 19

SURGICAL INSTRUMENTS.

A COMPLETE assortment of Surgical and Dental Instruments, English and American—for sale low, by BREWERS, STEVENS & CUSHING, 90 and 92 Washington street. D. 29—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are three volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, APRIL 13, 1842.

No. 10.

CASE OF EMPYEMA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—By the kindness of Dr. J. H. Flint, of this town, I have been enabled to examine a case of empyema, and with the sanction of this gentleman, as also of Dr. Alvan Smith, of Monson, the attending physician, I hereby offer for publication in your Journal, the history of the case, and the results of my examinations. If the article proves acceptable to you, you will please give it a place in the pages of your periodical, and oblige
Springfield, March 30, 1842.

Yours, &c.,

WM. A. DAVIS.

Gilbert C., æt. 11 years. The early history of this boy cannot be accurately determined, but from the statements of his parents it would appear that he had enjoyed moderately good health during most of his childhood, though he was never very robust. A year or so previous to the date of the illness about to be described, he suffered from swellings in the groins, which were at first hard, and tender to the touch, and caused some lameness. After a few weeks these tumors began to soften, and ultimately opened, and discharged a purulent matter, which continued to flow in more or less abundance for three or four weeks, after which time the ulcers healed, and the patient has had no further trouble from this cause.

Since this recovery, has been about, and apparently pretty well, till about the first of October last, when he was suddenly attacked with febrile symptoms, characterized by chills and heat, and attended with severe pain in the right shoulder, extending into the arm. At the same time respiration was somewhat difficult and painful: The patient took advice and had treatment, but without improvement: the pain extended from the shoulder into the right chest, and the dyspnoea became much aggravated. On examination of the chest, about October 15th, the attending physician, Dr. Alvan Smith, of Monson, discovered a soft, ill-defined, indistinctly-fluctuating tumor under the right clavicle, extending over first and second ribs, very tender to pressure. On percussion of the right chest, it was found to be generally dull. The patient was now suffering much from dyspnoea, with frequent short, distressing cough, with much tenderness of whole right chest.

About this time the patient was first seen by the present reporter, and offered the following appearances. Countenance pale, anxious and fretful. Patient partially reclining, indisposed to any exertion. Occasional

short and interrupted cough, without expectoration; dyspnœa evident, but not very great; pulse 120, small and rather hard; patient very averse to physical examination, which appeared to cause pain. On inspection of chest, a soft, white, ill-defined tumor was discovered below right clavicle, very tender to pressure, conveying to the manipulator the idea of an indolent and diffused abscess. This tumor was not materially affected by change in the position of the patient, being easily detected when he was supine. A tendency to cough was manifested in connection with pressure upon it. It did not appear to extend below the inferior edge of the second rib, which could be discovered beneath it. Above, it was bounded by the clavicle, the integuments being pushed out beyond the level of this bone.

On percussion, right chest was generally flat, there being no satisfactory resonance at any part. The sounds of respiration were heard feebly, and at a distance, throughout this side of the chest, unmixed with râles, and no where bronchial. Percussion of left chest was sufficiently well: respiration in it vesicular, puerile. No decided protuberance of intercostal spaces of right side.

After a week this patient was again visited, having been treated during this time with diuretics and cathartics. He was found in general appearance much as above reported. Strength stated by his mother not to be materially diminished since the last visit. Appetite rather improved. Decubitus as before, patient preferring a position with shoulders considerably raised, and being unable to lie on left side. Cough much as above. Sleep disturbed by dyspnœa. Tenderness of whole right side excessive. For two or three days past, the attending physician had supposed that he detected some protuberance between the eighth and ninth ribs, and also that a shock applied to the tumor under the clavicle was transmitted to the finger placed in this situation. He had also noticed that the tumor was increased in size during coughing. The tumor itself remained much as above reported, being perhaps somewhat more diffused in the adjacent cellular tissue. The integuments of the whole right side were now very decidedly œdematous. Pulse 120, small, hard.

On examination, the right chest was found flat on percussion, as before. The respiration was still generally feebly audible, very distant. No râles or bronchial respiration observed. Voice, from fretfulness of patient and other unfavorable circumstances, could not be satisfactorily tested in either examination. Left chest as before.

After consultation it was determined to perform the operation of paracentesis thoracis, and the point of protuberance between the eighth and ninth ribs was selected as the place for the incision, which was made, by Dr. Smith, through the integuments and most of the intercostal muscle with a scalpel, the pleura being afterwards punctured with a common lancet. On withdrawing this instrument, a gush of purulent matter ensued, which continued flowing almost uninterruptedly till about $\frac{3}{4}$ xliv. had been discharged, after which the lips of the wound were brought together and confined by a sticking plaster, and protected by a compress. Care was taken to avoid as far as possible the admission of air into the

cavity of the pleura. The evacuation of this fluid was attended with subsidence of the tumor under the clavicle.

The fluid discharged had the appearance of nearly laudable pus, without the flaky or curdy aspect of scrofulous matter. The estimate of the amount is not exact by measurement, but is believed to be nearly accurate. Very little blood was mingled with the fluid. The patient supported the operation well, and appeared relieved immediately after its completion: respiration was more easy, and the appearance of distress was diminished. During the succeeding night the bandages became somewhat displaced, and a slight discharge occurred through the wound: this was again dressed on the succeeding morning as before, and from this period no further discharge took place, and the lips of the wound soon became firmly united, as they have since remained.

The relief from the operation continued for about a week after its performance, the patient suffering but little from dyspnœa, and being able to assume a supine position, as also to lie on his left side. After this time a cough supervened, and the patient at several times thus raised a purulent matter, described by his father as altogether similar to that evacuated by the puncture. This occurred at intervals, chiefly in the morning, for some days, after which the cough diminished and ultimately ceased, and the boy from this period has been going on improving in strength and general health till the present time, when his state is as follows:—

March 11, 1842. Countenance pale and thin: otherwise sufficiently well. Reports no pain. Respiration easy when patient is not fatigued: dyspnœa on severe or active exertion. Has been about and at school for some weeks past. Bowels regular. Appetite good. No trouble from food. Sleeps well. No night sweats. No considerable cough. Strength moderately good: general appearance, however, rather feeble. On standing erect, and when viewed from behind, appears to have lateral curvature of spine to right. Spine not particularly examined, but was not observed to afford any considerable distortion when patient was stripped for examination of the chest.

On percussion, right front chest is moderately resonant in a circular space extending from the scapular end of the clavicle to the sternum, and reaching down to the nipple: elsewhere it is dull. Left front chest generally sufficiently resonant, except in the cardiac region. Right chest very decidedly retracted: no appearance of fulness about right clavicle. Right back generally dull, and flat below spine of scapula. Left back sufficiently resonant.

Chest measured from median line of sternum to spinous processes, gives, in right side, $11\frac{1}{2}$ inches; in left, 13 inches. Respiration in left chest vesicular, puerile, in front and back. Respiration in right chest generally audible: in back, above spine of right scapula, more feeble than in corresponding part in left: below spine more harsh and less expansive than in left; perhaps not less loud. In front, respiration under right clavicle more harsh and less expansive than under left, with some expiration, not strong. Voice perhaps rather more resonant under angle of right than left scapula.

This case seems to be in many respects interesting and valuable—mainly so from its favorable results. In the decision as to the propriety of operation, which it may fall to the lot of any practitioner to make, precedents will be of great worth, and the minute records of previous cases will do much to enlighten his path, and diminish the weight of responsibility which attends the undertaking of any grave operation. Favorable cases are in this view especially valuable, since they are unfortunately not very abundant. Their collection will assist in deciding a question long mooted, and still unsettled—the question of the propriety of operation in ordinary cases of empyema—a propriety which is more than doubted by some high authorities.

Laennec gives a case of pneumo-thorax and pleuritic effusion, in which an incision was made in the side between the fifth and sixth ribs (counting from above), and about their middle: but no matter flowed through the wound. Four hours after the operation the patient died, and on autopsy it was found that the puncture of the operation had been made through the diaphragm into the cavity of the abdomen. "The diaphragm was found intimately adhering to the seventh rib, through two thirds of its length, the adhesion sloping backwards to the ninth rib, so as to leave on the lower and posterior part of the chest a species of *cul-de-sac*, of not more than two fingers' breadth. * * * * * The incision had penetrated through the diaphragm, parallel with the upper surface of the liver."

This author states that he has met with cases in which the diaphragm was in close connection with the pleura, as high as the fifth rib, while the lungs and pleura were yet free from disease. He mentions another case of operation in which the opening was made between the sixth and seventh ribs, and two pints of pus were evacuated. This patient died on the twelfth day after the operation. The lungs contained tubercular cavities, which communicated with the cavity of the pleura, and with the bronchi.

A third case terminated fatally in eight months, after promising recovery: the patient was very imprudent. In this case the orifice made by the operation remained fistulous during all this time: there were doubtless adhesions confining the abscess, and shutting it out from the true cavity of the pleura. A fourth case is given, in which in connection with pulmonary disease an abscess pointed externally between the cartilages of the seventh and eighth ribs, and the opening remained fistulous for six years, the patient becoming much emaciated, and affording signs of cavity in the lung.

The remarkable case of Dr. Wendelstadt is on record, in which the orifice remained fistulous for thirteen years, discharging daily from half a drachm to four ounces. Yet the doctor could blow the flute, and attend to his professional business.

Andral gives a case of a woman who had been for two months ill with pulmonary disease, who presented, on entering La Charité, the appearances of pleuritic effusion, having also cedema of the right side, on which alone she could recline. About twenty days after her entrance, a swelling was observed beneath the right clavicle, extending nearly to

the mamma : pressure upon it caused acute pain. This tumor increased, and in a few days evinced fluctuation. A bistoury was plunged into it, and a considerable discharge of pus followed : this flow continued for the three succeeding days, and on the fourth the patient died. On autopsy, an opening was found between the fourth and fifth ribs, through which pus escaped externally, from the cavity of the pleura.

This author gives another case, and refers to a third, in which the operation for empyema was successfully performed. To his article on pleuritis in the *Clinique Medicale* the inquirer may turn for valuable information on empyema, and all kindred lesions. In the conclusion of his "Recapitulation, or General History of Pleurisy," is the following opinion as to the propriety of the operation for empyema. "We think this operation should not be attempted unless when, besides the ordinary signs of effusion, there is undoubted dilatation of the chest, and manifest fluctuation through the intercostal spaces, which project outwards beyond the level of the ribs."

Further experience will help us to determine how far, under the present advantages of diagnosis, the art of the surgeon can be called in with saving power in those cases in which the skill of the physician has been exerted only to disappointment.

FURTHER REMARKS ON STRABISMUS.

BY E. H. DIXON, M.D., OF NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In my last communication on the operation for strabismus, I mentioned a case where the patient still possessed the *voluntary* power of turning the eye outward, after the complete division of the external rectus muscle for strabismus divergens. The *rationale* of this movement, your readers will remember, was imputed to the superior and inferior recti assuming between them the duty of the divided muscle, as soon as the relaxation of the internal rectus allowed the globe to lose its equipoise outward. It was my intention to have given the same explanation for those cases in which the globe still retains a degree of obliquity, as well as the power of slightly turning the globe inward after the division of the *internal* rectus. This has been exclusively imputed either to a partial division of the muscle, or of the newly-discovered tunica vaginalis, as well as the conjunctiva. I am quite satisfied that this is not the reason, and that the solution I have offered is the correct one. I must also repeat an idea advanced in my former remarks, viz., that the great predominance in the number of cases of converging squint, is imputable to the fact, that the eyes are mostly employed in viewing near objects, so that the internal rectus is most constantly in use. If this be not distinctly understood by the patient as well as the surgeon, I am satisfied that many cases of strabismus will return: that many *have* returned, I can bear witness, for it has not only been necessary to operate a second time, where the muscle was effectually divided in the first instance by a very skilful operator, both

in my own practice and in that of my friends, but I am now witnessing, from day to day, the return of the deformity in two cases, where inattention to my directions is producing this result, after the globe has retained its proper position for a whole month. Let any one, after the complete division of the muscle, desire his patient to look upward and downward, and he will always observe, more especially if the globe be small, a decided inclination *inward*. Now here is the difficulty; if the patient be permitted to use the eye on near objects, as in sewing or reading, the lower rectus muscle immediately brings it to bear on the object, and thus approximates the cut ends of the divided muscle, and allows their union, far more immediately and intimately than would occur if the external rectus were compelled to act by bandaging the well eye and advising the patient to walk abroad and exercise the other on distant objects. This is the only method that can prevent the recurrence; and I have effected the desired result of the operation in several cases, when the globe had manifested an evident inclination to resume the error of its way, after the operation.

Another very important practical point is immediately depending on these directions. Supposing, as is very often the case in adult age, the nerve of the eye should be powerless; it is then of course needless to give the directions, for the patient having no power to see with it, the eye will remain in a great degree motionless. If the pupil in these cases continued central, the patient would be satisfied; for however apparent its want of motion to others, it would be far less so to himself when looking in a glass: but this will be found not to be the case; the globe will in most cases resume, in a greater or less degree, its obliquity. In such cases, our success will depend on removing a portion of the muscle. The method of doing this most readily, I think, will be found as follows: cut through the conjunctiva and pass the hook under the muscle, as when you merely wish to divide it. When the hook is fairly under, you have a chance, by using the scissors leisurely, to expose the tendon, or rather the muscle, for in most eyes no tendon is visible; then holding the hook in your left hand, take firm hold of the muscle with a dissecting forceps; transfer this to your left hand, and you can then easily cut off a couple of lines breadth of the muscle.

And here I would remark that every one will find great facility in using instruments with long handles; no instrument can be used with satisfaction in operating on the eye, if there is not full five inches from the point to the end of the handle. The reason is obvious: were they less, the hand of the operator would be in his own light. Hexagons are the best forms; flat handles are only applicable to cutting instruments. I venture these remarks, that gentlemen who are not familiar with the operation, may make judicious selections when purchasing.

It has been remarked, that after the operation on one eye, the other is very apt, though previously straight, to assume the converging squint. The necessity of using the eye on near objects will, I think, explain this: the eye operated upon is of course inapplicable for some time to this purpose; the other then assumes its duty. In children this is very

marked; and it is wise to keep them much abroad after the operation, in order that the internal rectus may be used as little as possible.

The propriety of operating on cases where the power of the nerve is much impaired, or even nearly gone, does not admit of a question, as it is a physiological truism that a part will fail for want of use. The most rational mode of attempting a cure will then follow, viz., to put it in a condition to be used. Whether the muscle or nerve first failed to perform its office, we can rarely tell; indeed it should not influence our practice if we could.

I have found much benefit, in several cases, where the globe assumed a disposition to return to its obliquity, from the application of a jet of water to the closed eye, directly over the external rectus muscle. A common syringe may be used for this purpose. After the muscle is divided, if any portion of it is visible towards the pupil, the operator had better clip it off at once, as it will inevitably form a disagreeable projection, and keep up irritation in the eye. I have carefully avoided all applications after the operation, save cold water. The only instance in which any troublesome inflammation has followed, was one in which the patient, without my knowledge, used a solution of sugar of lead—an application that, I will venture to say, no eye will willingly endure. I have heard of sclerotic inflammation resulting from prolonged and awkward manipulation in the operation; in such cases cold will be found inapplicable. Warm water and copious venesection, if the constitution will bear it, with watery infusion of opium or steam from the latter, I conceive would be advisable. Blisters to the back of the neck (I would never put them nearer) may be needful. Mercury should always be the *last* resort, as I conceive no good practitioner should venture to put the constitution under the influence of this potent and uncontrollable agent, for *any* local complaint, when other means, however severe, will possibly avail.

April, 1842.

NOTE FROM DR. FORBES TO THE EDITOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I shall be much obliged by your inserting in your Journal this note, the object of which is simply to inform Dr. Paine, of New York, and such others among your readers as may take an interest in this little matter, that Dr. Carpenter and myself have read his communication published in your Journal of the 19th of Jan. last, and that it is not the intention of either of us to make any reply thereto. We are sure that there is no gentleman in our profession, whether in America or England, who, after reading Dr. Paine's letter, will think it ought to be answered by us; and if there be any belonging to the profession who do not come under this denomination, who think otherwise, we are sorry that we cannot gratify them. We have too much respect for our own characters, and too much regard for the dignity of the profession, to think of entering the lists with Dr. Paine, with his own weapons of personality and vituperation; and we have sufficient proof in the character of his "Ex-

amination," that, in his present state of excitement, no reasoning however conclusive, no evidence however demonstrative, could make any impression on his mind.

A considerable time since, I sent the name of the real author of the plagiarism to a mutual friend in New York, with permission to mention it to Dr. Paine in confidence. I have now written to him to withdraw this permission, if not too late; as the whole tenor of Dr. Paine's last communication forbids the hope that he could, in his present mood, appreciate the delicacy which has hitherto induced me—and still induces me—to withhold the name of this unfortunate person from the public. I may here add, that Dr. Carpenter has not demanded that the name of the culprit should be given to the public, because he has all along felt confident that his own statement, backed by mine, is amply sufficient to justify him with every right-minded person.

Although, in his state of excitement, Dr. Paine can see no moderation and no fairness in the inculpated review, I beg to assure him, through you, that, in that article, the severity of what was conscientiously believed to be just and necessary criticism, was much mitigated by my anxious desire not to hurt the feelings of a gentleman who belongs to a country so highly respected by me, who is one of a body of men among whom I have the happiness to reckon many personal friends, and who had himself so recently recorded his high and flattering opinion of my Journal.*

I will only further trespass on your patience by stating that if, at any future time, Dr. Paine favors the public (as I think he will) with a work which can justify a judgment of an opposite character to that passed upon his last, he shall find all due praise awarded to him with the same cordiality as if he had never had the misfortune to lose his temper, or sought to crush, with the thunders of his *gravis epistola*, the British and Foreign Medical Review, and all belonging to it. And surely, in yielding to Dr. Paine the even-handed justice which it is my desire to yield to all, I shall claim—as I shall deserve—no merit; since I should be both unfitted for and unworthy of the office I fill, if I could allow myself to be in any way moved, or diverted from my one plain and direct course, by such an attack as Dr. Paine's, or indeed by personal considerations of any kind. I have the honor to be, Sir, your obedient humble servant,

London, February 24, 1842.

JOHN FORBES, M.D.

Editor of the British and Foreign Medical Review.

FATAL HÆMORRHAGE FROM THE EXTRACTION OF A TOOTH.

BY W. A. ROBERTS, ESQ., EDINBURGH.

MR. C. P——, of middle age, rather full-sized body, called upon me on Sunday, the 19th of December, 1841, requesting to have a tooth re-

* "The subscriber, having read with attention the British and Foreign Medical Review as far as published, would commend this Journal to such of his professional brethren as may not be familiar with its merits, as abounding with the latest information upon medical topics and collateral branches, gleaned from all parts where knowledge is cultivated. The critical articles are of the highest order; emanating from erudite genius, liberal and generous, yet devoted to the paramount interests of science. Its range of observation is so extensive, and its critical articles so elaborate, it may be said,

moved, that had given some uneasiness for a length of time; upon examination, I found the dens sapientie of the right side of the lower jaw loose, the crown gone, and removed it without difficulty with a pair of forceps, generally used for extracting the temporary teeth of children. It had three small fangs, the anterior one being the longest; the hæmorrhage, nothing more than usual, had ceased ere he left, the alveolus being plugged with lint, wetted with the camphorated spirit of wine. At half past four of the same day Mr. P. called again, the blood running in a continuous stream, evidently from the anterior alveolus—cleaned it out from the bottom, and filled it up firmly with a strip of lint, pressed down with a curved instrument; when full, applied a compress of cork, fitted to the part, and pressed upon firmly by the dens sapientie of the upper jaw; likewise securely bandaged the jaw. Ordered astringent lotions, for the hæmorrhage was again checked, the saliva coming away unstained.

At this visit the patient informed me that he had a tooth taken out a few years ago, which was followed by copious hæmorrhage for nearly three days, but was checked by the application of caustic; also that lately his gums had bled to a considerable extent, and for a fortnight at a time. Of all this I was unfortunately ignorant until after three hours had elapsed from the removal of the root. There was nothing indicating any hæmorrhagic tendency at the time I saw him first, and, being a stranger to me, I was consequently not acquainted with the history of his habit of body.

I was sent for early on the Monday morning, and found the hæmorrhage had continued without intermission through the night. He had deferred sending for me, unfortunately, as I had requested, supposing the bleeding would stop of itself. I found no coagulum about the mouth, or in what he had spat out, as in ordinary hæmorrhage, the alveolus being as clear as when the stump was first taken away. I put a piece of lunar caustic, the size of a pin's head, into the bleeding alveolus, pressed it down, and plugged with sponge tent and bandaged as formerly. The bleeding was again stopped. Styptics, lotions of kino, and alum, were used with benefit.

For more than an hour after this all appeared safe. "In the course of the day, Dr. Hay, of Queen street, the family medical attendant, saw him, and found the hæmorrhage as bad as ever. Applied various styptics without doing much good. On the 21st, Dr. Hay applied the actual cautery without benefit, attributing this circumstance to the instrument used, the first thing at hand being too thick at the point. I followed up Dr. Hay's suggestion, and used an iron better adapted to reach the bleeding vessel, but with no good result. During the operation the patient started, by which the under lip was slightly burnt. And here I may mention the blood continued to flow from the lip pretty freely for several days.

Our success until the 23d was various, and on that day, if anything,

the hæmorrhage was worse, and accompanied by alarming symptoms, with weak pulse, giddiness, &c. I had serious thoughts it would be necessary to take up the carotid. Towards evening an improvement took place, the bleeding being once more under command by pressure, &c. Mild purgatives ordered, in consequence of a considerable quantity of blood having been swallowed.

At two A. M., of the following morning, I was sent for, as the patient had sunk to an alarming degree. Dr. Hay and myself attended immediately; we found him recovering from a fainting fit. Wine given, &c. He rallied; and upon examination found there was now no active hæmorrhage from the original source; nor was there any afterwards. In the course of the day Mr. Nasmyth, of George street, saw the case, which was going on favorably, with the exception of a tolerably smart oozing from the gums, and slight bleeding from the left nostril, which commenced after the hæmorrhage from the alveolus had become less active. Upon the removal of the bandages the face was found much discolored and swollen from the effusion of blood into the cellular tissue, giving all the appearance of the result of a blow. Pulse good; countenance less anxious; getting a quiet sleep occasionally; the sloughs drying up under the use of the camphorated spirit, and latterly of turpentine, with no increase of hæmorrhage. Mild aperients given; a little wine, and the use of tonics: up to the 27th, upon the whole, continuing to improve. The oozing from the gums and nostril being occasionally troublesome, a strong solution of the nitrate of silver was painted over them with advantage. At this stage Dr. Hay and Mr. Nasmyth considered it unnecessary to continue our meetings as we had done, but to see him occasionally, Dr. Hay taking charge of the case, the patient remaining much in the same state until the 7th of January, 1842.

I had not seen the case for two days, when Dr. Hay informed me that a change for the worse had taken place—all the old symptoms, aggravated by a severe pain all over the mouth and head. Mr. Nasmyth and myself saw the patient on Sunday, the 9th, the third from the removal of the tooth, and found him much reduced; the gums turgid to a remarkable degree, and of a deep purple color, almost covering the teeth, and bleeding freely; the blood was again oozing from the alveolus, and slightly from the nostril; the features collapsed; complained of blindness; the cheek still discolored, and all the symptoms of the disease "*purpura hæmorrhagica*," more decided. Mr. Nasmyth employed a solution of the proto-nitrate of mercury to the gums, which only checked the hæmorrhage for a short time. Wine (claret) given freely, stimulants, tonics, &c.

On Sunday, the 9th, Dr. Abercromby was consulted; but although all was done that such eminent men would be expected to do, death put an end to this painfully-interesting case on the Tuesday following, being three weeks and two days in duration.

In the course of my practice I have met with several cases of severe hæmorrhage following the extraction of a tooth, but have always succeeded, with the exception of the above case, in arresting it by pressure. In one case in particular the hæmorrhage was alarming. Upon

examining the mouth, I discovered a portion of the alveolar process that had been splintered; upon removing this and the clot which nearly filled the mouth, and, in fact, was acting as a poultice, and washing out the bleeding alveolus with warm water, I cut a small piece of sponge tent nearly to the size of the cavity, and pressed it firmly down with lint; over that a compress of cork, and all securely bandaged, with complete success. The heat of the mouth softens wax; but sponge expands, and being confined must of necessity press upon the mouth of the bleeding vessel. I have occasionally tried replacing the tooth with lint wrapped round the fangs, but never could depend upon it, but should think it would answer well with any of the single-rooted teeth, or bicuspidis: I never had occasion to try it in any of these teeth. In passing I may remark, that in all the cases that have come under my notice, I never saw the application of the actual cautery of much service; still in extreme cases we are bound to employ it.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 13, 1842.

THE STATE LUNATIC HOSPITAL AT WORCESTER.

WE copy the following extracts relating to this favorite Lunatic Asylum, from Dr. Woodward's last annual report.

"There have been under our care during the past year 399 patients, of whom 195 were males and 204 females. At the commencement of the year there were 236 patients, of whom 122 were males and 114 females. There were admitted in the course of the year 163 patients, of whom 73 were males and 90 females. There remain at the close of the year 232 patients, 116 of each sex.

"As the accommodations for each sex are about equal in the Hospital, the numbers can never be very different while the institution is full. For some years the number of males greatly exceeded the number of females; for the last two or three years, the number of females admitted has been the greatest, so as, at this time, very nearly to balance the number of each sex that have resided in the house.

"In the course of the last year, 167 patients have been discharged from the hospital, of whom 77 were males and 90 females; of these, 82 were recovered, 38 males and 44 females; 36 were improved, 15 males and 21 females; 37 were not improved, 17 males and 20 females; and 12 have died, 7 males and 5 females. Of the patients discharged, 68 have been insane less than one year, 28 males and 40 females; of this number, 62 have recovered, 26 males and 36 females; 2 were improved, 1 male and 1 female; and 4 died, 1 male and 3 females.

"Of the patients discharged, 99 were insane more than one year, 46 males and 53 females; of these, 20 recovered, 9 males and 11 females; 34 were improved, 15 males and 19 females; 37 were discharged, as harmless, for want of room, 17 males and 20 females; and 8 have died, 5 males and 3 females. One female died very suddenly, of an attack of

inflammation of the bowels, after she had fully recovered from insanity, and was waiting for a place to be prepared for her reception, her health not being such as to admit of severe labor. This case is placed with the recovered in the table.

"The number of deaths has been less in proportion than any previous year but one. There was a time, during the latter part of summer, when bowel complaints were prevalent in the Hospital, which proved fatal to one or two invalids; the remainder of the season has been healthy. No epidemic has ever visited the hospital; and a large proportion of deaths in this, as in former years, have been from chronic complaints, among a class of patients wholly incurable. Of those who have died the past year, three only had resided in the hospital, the others having entered in the course of the year.

"Three only of the old cases, remaining at the close of the last year, have died in the course of the year, and very few have been discharged; of course, a large number of the residents are old incurable cases, and many of them are demented. We usually have about 200 of this class; and the remainder, not generally averaging over 30 at a time, are all the cases that afford any chance of recovery. It will be seen by the table that we have now but 62 cases who have been insane less than two years, while 170 have been insane from two to thirty years and upwards. The average residence of the curable cases is about four months; these must change nearly three times a year, to enable us to report our usual number of recoveries. An old case occasionally recovers; we have had a few interesting cases of this character. Comparatively few recover who have been constantly insane for two years; and, after five years, a recovery is very rare. Fifty-two patients, now in the hospital, have been insane between 2 and 5 years, 44 between 5 and 10 years, and 73 more than 10 years. By far the greatest number of our patients are between the ages of 25 and 45, viz., 129; and the largest number of any 5 years, between the ages of 30 and 35, viz., 37. These facts would show that insanity is most common with persons of active life, when the mental and physical powers are at their acme, and when the responsibilities of life are the greatest.

"There is one cause that has brought so many individuals to the hospital, within the last few years, and is so fatal in its tendency, that I am unwilling to pass it over. In these cases, which, in a short time, have amounted to fifteen in number, the difficulty has been connected with intemperance, and, probably, has arisen from it; it seems to me to be a partial paralysis of the brain. In most of the cases, for some time before any indications of insanity have existed, there has been observed a slight unsteadiness in the gait, a little difficulty in the speech, an irregular contraction of the muscles of the face, in speaking or laughing; sometimes the senses have been impaired, and the power of memory lost or diminished. The slightest affection of the limbs, in walking, resembles the gait of an old man, and this is increased to the tottering and unsteady step of the drunkard. The character of the man changes by degrees; if he has been prudent and saving, he suddenly becomes lavish in his expenditures, desires to change his residence, and is, perhaps, jealous of his neighbors and wishes to leave them; this is, probably, the first symptom of disease. When insanity follows these precursors, no matter how well in health the individual may be, the seeds of death are sown in his system, the fatal mischief is at

work upon his brain, and he will inevitably die. Ten of the fifteen cases I have mentioned, have died, and most of them suddenly; when I see such a case, I am able to predict the event with the greatest certainty.

"At first, many cases of this character gain strength, flesh, and vigor of intellect, and, under other circumstances, we should feel encouraged, but it is all delusive; a fit of apoplexy, of epilepsy, or other convulsions, will inevitably cut off all the prospects of amendment, and often terminate life very suddenly. In other cases, a fatal marasmus wastes the powers, and the patient emaciates to a skeleton, and lingers a life of prolonged misery, with the greatest possible suffering of body and mind.

"Periodicity is one of the most inexplicable circumstances connected with insanity. Why it is that on one day, or once a week, a patient should be in the highest state of excitement, and the alternate day or week be quiet and rational, is quite unaccountable. There are, at this time, many cases in the hospital that have these paroxysms, in which they are, at each time, as violent and furious as a recent case of insanity; this excitement is followed by a rational period, or, what is more common, a period of depression. If this lucid interval is short, they continue permanent residents; if a year or more in duration, they leave the hospital, return to their friends, transact business, and are, in all respects, rational and responsible. The cases with frequent paroxysms are frequently grievously tormented, during the interval when the excitement subsides, with neuralgic or rheumatic pains."

*American Vegetable Practice.**—Reference was made, some weeks since, to the publication of a large volume on "*The American Vegetable Practice*," &c., by Morris Mattson. The work is divided into six parts, viz.: 1. Concise view of the human body, with engraved and wood illustrations (which is unobjectionable); 2. A glance at the old school practice of medicine (being the essence of fault-finding); 3. Vegetable Materia Medica, with colored illustrations (not original. The plates are certainly beautiful, and exceedingly creditable to Miss Neagus, of Boston, who furnished most of the drawings); 4. Compounds (a catalogue of matters and things that the author will have little faith in if he lives to the common age of man); 5. Practice of Medicine, based upon what are deemed correct physiological principles (by whom? might with propriety be asked); 6. Guide for Women (containing a simple treatise on childbirth, with a description of the diseases peculiar to females and infants).

Mr. Mattson seems to entertain so terrible a grudge against the fraternity of regular physicians, that the reader is almost induced to suspect he either wishes to be revenged for some fancied personal wrong, or else he hopes for profitable notoriety by stirring up the people to believe there is not another honest man besides himself, who deals in drugs, in all Christendom. This state of feeling is the more extraordinary, since those who have an intimate acquaintance with Mr. Mattson, speak of his exceeding benevolence, social disposition, and uniform honesty and fair dealing in whatever relates to the opinions, talents or weaknesses of others.

* *The American Vegetable Practice*, or the new and improved guide to health, designed for the use of families, &c. &c. By Morris Mattson, Physician to the Reformed Boston Dispensary, &c. 2 vols. 8vo. in one. Boston: Daniel L. Hale. Pp. 706. 1841.

From the prefatory address to the American reader, it seems this treatise had its origin in a quarrel between the author and that sage, self-styled medical reformer, Samuel Thomson, whom Mr. M. plainly intimates will never be transported to Botany Bay on account of a redundancy of wisdom. To one who looks on, without part or lot in the matter, it appears that a deep game is playing between them for a high stake; both covet it, and both intend to have it too. In short, it is a sort of tempest in a tea-pot, to ascertain who shall command the odds and ends of society—those who feel called upon to aid with their whole strength in putting down the horrible vice of the regular practice of medicine. Mr. Mattson is one of the last persons whom we should have suspected, from all accounts, of being ambitious to reign king in Lilliput. For ourselves, we are persuaded that he will be excessively chagrined, some half a dozen years hence, that he committed himself so grossly. With more light, which must break in upon him, this non-descript offspring will appear a mortifying memorial of immature judgment, and, perhaps, confessed ignorance.

Lastly—is there an original idea in the whole work? If there is, those who admire the system which it advocates will be entitled to all the benefits arising from the discovery. That part expressly written for the study of females, *the guide to women*, being the sixth part, is a congeries of scraps, picked up here and there, having but a slender connection in some places, and, taken as a whole, will prove a blind guide to those about being mothers. What can Mr. Mattson know about midwifery? He is a young man, unmarried, having had certain Thomsonian advantages for acquiring knowledge—and what are they? Will he dare pretend that he is a critical anatomist? And yet, forsooth, he writes a guide-book for females! He seems to have selected from an extensive library whatever he imagined was best adapted for swelling the tome. In the end, no one will give him credit, because a man with one eye may see that two thirds of all that is ostensibly his own, is positively selected from the writings of that very class of men whom he holds up to his followers as utterly unworthy of their notice. As was remarked on a former occasion, it is to be regretted that such industry should not have been more advantageously directed. With all the elements at command which would ultimately lead to usefulness and permanent distinction, Mr. Mattson has certainly made a signal failure, if the object in view was fame with men of understanding.

Medical Science in Connecticut.—Circumstances enabled us to pass a day in a very agreeable manner at New Haven, a short time since. An opportunity was thus afforded for visiting the medical college located in that city, the hospital, and whatever else appertains to the institution of medicine in that quiet, beautiful place. If other physicians who have it in their power would avail themselves of the polite attentions of the faculty, and examine into the facilities afforded there for pursuing the study of physic and surgery, they would be highly gratified. The medical college is large, well ventilated, and contains a cabinet which any school might be proud to possess. We intend devoting a page, at a convenient time, to the consideration of the science of medicine in Connecticut; its conveniences for educating students; and the value of a medical education acquired under the careful instruction of such men as Drs. Knight, Hooker, Beers, Bronson, and their able and learned associates.

Medical Controversy.—The reader will see in the Journal of to-day a letter from Dr. Forbes, of London, addressed particularly to the editor of this Journal, on the subject of the unhappy misunderstanding between that gentleman and our respected friend Dr. Martyn Paine, of New York. It was due to Dr. Forbes to allow him to vindicate himself through the channel in which he conceived a literary injury to have been inflicted. All necessary explanation, as we think, having now been made on both sides, we shall decline publishing anything further upon the subject, from any source.

Diseases of the Chest.—Lectures on the diagnosis, pathology, and treatment of the diseases of the chest, by W. W. Gerhard, M.D., of Philadelphia, in the form of a large octavo, in double columns, come to us from the prolific press of Messrs. Haswell & Barrington. These lectures contain the results of the author's observations, derived indirectly from the different authors who have written on the subject, but in all cases verified by himself at the bedside, or in the amphitheatre.

Arsenic instead of Quinine.—A communication was made to the Academy of Sciences, Paris, by M. Boudin, chief medical officer of the military hospital at Marseilles, on the use of minute doses of arsenic as a substitute, or partial substitute, for quinine, in the cure of agues and certain classes of fever. The quantity of quinine used every year in Algeria, for the French army, was valued at between four and five thousand pounds a year, and therefore the cheapness of arsenic rendered the partial substitution of this substance of great importance.—*London Lancet.*

MARRIED.—Dr. Wm. H. Tremain, of New Marlborough, Mass., to Miss L. A. Belknap.—At Barre, Vt., David Dodge, M.D., to Miss H. M. Burnham.

DIED.—At Waterbury, Conn., Dr. Benjamin Brockitt, 78.—At Cape Palmas, Africa, Dr. Wilson, a missionary physician, of dysentery.—At Monticello, Miss., Dr. Z. E. Pendleton.

Number of deaths in Boston for the week ending April 9, 53.—Males, 29; Females, 31. Stillborn, 3.
Of consumption, 8—scarlet fever, 10—erysipelas, 2—marasmus, 1—Inflammation on the breast, 1—pleurisy, 1—disease of the heart, 1—dropsy, 1—Inflammation of the lungs, 1—lung fever, 3—debility, 1—dropsy on the brain, 2—child-bed, 2—bilious colic, 1—croup, 3—old age, 1—dropsy in the head, 1—apoplexy, 1—tumor, 1—smallpox, 1—abscess, 1—typhus fever, 1—drowned, 1—fits, 2—rheumatic fever, 1.

SUMMER COURSE OF LECTURES, AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. FAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 12—41

J. DOUGLAS, M.R.C.
JOS. FAINCHAUD, M.D.
JAS. A. SEWELL, M.R.C.M.
JNO. RACY, M.D.E.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 39 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platinum Plate and Wire, Solder and Springs, Gold and Tin Foil, **MINERAL TEETH**, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—euply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORE,
OLIVER W. HOLMES.

MEDICAL INSTRUCTION.

The subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—euply.

GEORGE W. OTIS, JR.

MEDICAL INSTRUCTION.

The subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

For the surgical treatment of diseases of the eye and ear, club-foot, curvature of the spine, and other distortions of the joints; whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

The Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by **N. CHAPMAN, M.D., W. W. GREENARD, M.D.**

Anatomy, by **W. E. HORNER, M.D., PAUL B. GORDARD, M.D.**

Institutes of Medicine, by **SAMUEL JACKSON, M.D.**

Materia Medica and Therapeutics, by **JOHN BELL, M.D.**

Chemistry, by **JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.**

Obstetrics and Diseases of Women and Children, by **HUGH L. HODGE, M.D., WM. HARRIS, M.D.**

Principles and Practice of Surgery, by **THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.**

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

TO I F,

A PHYSICIAN'S office, heretofore occupied as such, is now vacant and eligible, with board in the family if desired. Apply to Dr. Mann, 16 Summer street.

Mh. 23—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by **D. CLAPP, JR.**, at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. **J. V. C. SMITH, M.D.**, Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year: Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, APRIL 20, 1842.

No. 11.

CROTON OIL IN TIC DOULOUREUX.

BY J. A. EASTON, M.D., MEMBER OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW, ETC.

THE following is an addition to the facts, already published, regarding the efficacy of croton oil as a remedy in tic douloureux.

The observations of Janelli, of Sir Charles Bell, Dr. Newbigging, Mr. Cochran (of Edinburgh), and others, on croton oil as a remedy in nervous diseases, induced me to try that medicine in the subjoined case, which presented itself on the 10th inst. On that day I was requested to visit Mr. W. M., a gentleman, whose vocation as a commercial traveler necessarily exposes him to the full force of those atmospheric changes which take place so frequently in our northern climate. Four days before this, Mr. M. had travelled for five hours, from 5 to 10 P. M., on the top of a coach, during the prevalence of a piercing easterly wind. The day after this journey, he was seized with intense pain in the left side of the head; to relieve which, he applied of his own accord eight leeches to the affected part, and had recourse to Epsom salts and other purgatives. Deriving no benefit from his stock of *domestic therapeuticals*—which he had completely exhausted—my services were requested on the 10th, as already mentioned. Pain, represented as excruciating and darting, is experienced at stated periods in the left side of the scalp from forehead to vertex, while pressure on the trunk of the left supra-orbital nerve augments his sufferings to an almost intolerable degree. The headache commences about 5 in the afternoon, and continues without intermission or abatement for fourteen hours, during which the patient is so distractingly agonized that he feels a strong desire to dash his head on the wall, or on any other solid body that is within his reach. His friends state, that at this period he is slightly incoherent. With the termination of the dreaded fourteen hours, return tranquillity of mind and alleviation of pain. The bowels are regular, the pulse is 80, the skin cool, the tongue whitish; but it ought to be mentioned, that when these observations were noted, the headache, though severe, was comparatively tolerable. The following was ordered:—R. Croton oil, gttss. ij.; compound extract of colocynth, grs. xij. Make into four pills, of which let one be taken every two hours.

On the next day (the 11th) the headache was greatly relieved, though by no means removed. The medicine, to use his own language, had produced "above forty stools" of a yellow color and most offensive smell. The urine was greatly increased in quantity, and of a deep-red

color. Desirous to follow up the success which had been evidently obtained, I ordered the pills to be repeated; but the severe purgation which they had induced formed an obstacle to their administration, which neither argument nor entreaty could overcome. Under these circumstances the treatment at first adopted was abandoned, and the following was substituted:—R. Arsenical solution, gtt. viij. Three times a day.

12. Pain of head returned yesterday afternoon with nearly equal intensity, and Mr. M. has passed a sleepless night. Will not consent to take the pills which were prescribed on the 10th. Increase the dose of the solution of arsenic to ten drops; and let half a drachm of tincture of aconite be rubbed upon the painful part of the head, morning and evening.

13. No change. Headache as severe as formerly, and of the same duration.

14. Headache as intense as on the 10th. Patient, having an impression that death will soon terminate his sufferings, will now submit to anything in the way of treatment. Omit the solution of arsenic and tincture of aconite. R. Croton oil, gtt. ij.; crumb of bread, q. s. Make into four pills; one to be taken every three hours.

15. Pain of head did not return until five hours after the usual period, and, when it did commence, was less severe; alvine evacuations frequent, but neither so copious nor offensively foetid as formerly, and of natural color; urine greatly increased in quantity. Continue the pills.

16. Had only four hours of pain, which was moderate and tolerable; alvine evacuations abundant, but not profuse; no note of state or amount of urine. Continue the pills.

17. Has had no headache since last visit; slept well last night, and is refreshed, composed and cheerful. Take one pill night and morning.

18. No return of headache; feels perfectly well, and is anxious to resume business. Pills produced no greater action upon the bowels than what an ordinary laxative might have been supposed to have induced.

24. Continues free from headache up to this date.

Remarks.—That the benefit in this case was owing to the croton oil is evident, I think, from the circumstance, that this medicine was the first thing to make an impression on the disease, which had resisted ordinary purgatives and the application of leeches to the head; and further, that when the oil was intermitted, the headache returned with its former intensity—yielding neither to arsenic—valuable so frequently in such cases—nor to that excellent anodyne, the aconitum napellus. Secondly, that the beneficial effects of the remedy were not owing to its action as a mere purgative, but to something specific in regard to the disease for which it was administered, appears likely from the circumstance, that this patient had previously had recourse to the more usual purgatives, had induced profuse catharsis, yet experienced no mitigation of suffering. Thirdly, in what this specialty of the croton tiglium consists, or through what media it develops itself, I am unable to say; but I cannot help calling attention to the circumstance, that the urine was increased in quantity, and was evidently denser than usual, and that the alvine evacuations were of a “yellow color and most offensive smell.”

Now these are precisely the more important physiological actions of *colchicum autumnale*, so valuable an agent in articular rheumatism, to which, in my opinion, neuralgia bears a strong resemblance. The seat of this latter ailment is, I conceive, in the fibrous neurilema, while under the influence of that modified form of inflammation which is set up in the fibrous structures of the joints when they are attacked with rheumatism. Not only does identity of tissue support this view of the pathology of the disease, but similarity of symptoms also, particularly the characteristic tendency in both maladies to periodical exacerbations and to intervals of comparative repose. Dr. Lewins, of Leith, has demonstrated from chemical analysis, that by the exhibition of the meadow-saffron the specific gravity of the urine occasionally rises from 1.009 to as high as 1.037; and that the cause of this increased density is the augmentation of urea and of urate of ammonia, results which Dr. Lewins tells us have been verified by Professor Chelius, of Heidelberg. By the influence of *colchicum* also, as well as by that of *croton tiglium*, the alvine evacuations assume a bright yellow color, the liver being stimulated apparently through the duodenum, in accordance with the physiological law, that when a membrane is irritated on which an excretory duct opens, the gland from which that duct proceeds is excited to unusual secretory activity. Can it be then that the *croton tiglium* is similar in its action to the *colchicum autumnale*, and that it does good in *tic douloureux* by inducing the same effects that *colchicum* does when it alleviates the sufferings of the gouty and the rheumatic—by eliminating urea and uric acid salts through the urine when these highly nitrogenous productions of the blood are in excess, and thereby the sources of constitutional irritation, and also by causing a supersecretion of bile? We know that *colchicum* is an invaluable remedy in fibrous or articular rheumatism; and if I am correct as to the pathology of neuralgia, and if *croton* oil is beneficial in that disease, is it unreasonable to suppose that two remedies which cure similar complaints should do so in a similar manner?

This case and these speculations have been published chiefly for the purpose of directing the attention of the profession to this subject, to the effects especially of *croton* oil on the kidney, and to the character of the urine under its influence; for I feel conscious that I did not, in the above case, examine that secretion so minutely, as to warrant me in trespassing any longer on the indulgence of the reader.—*London Lancet*.

NEW YORK STATE LUNATIC ASYLUM.

[THE following minute and valuable account of the origin and progress of an insane hospital which is intended to be the largest in the world, is extracted from the *Oneida Whig*. Our principal object in copying it is to place on scientific record, a paper that may be of consequence to medical inquirers in collecting statistical memoranda in regard to asylums for the insane in our country, which are becoming more and more valuable with the lapse of time.]

The New York State Lunatic Asylum was founded by an act of the

Legislature, passed at its session in 1836. Under that act, commissioners were appointed by the Governor to examine and select a suitable site for the buildings, and an appropriation of \$10,000 was made for that purpose. A further sum of \$50,000 was appropriated to commence the work. In the ensuing year, the commissioners, after a careful and thorough examination of many of the most favorable locations in the State, made choice of that on which the main building now stands. It is on a beautiful and elevated position, situated about one mile west of the heart of Utica, and commands a fine view of the city, and adjacent villages of Whitesboro', Yorkville, York Mills, and New Hartford.

Owing to the delay occasioned by a difficulty in procuring the land, the work was not commenced until the spring of 1838, when the foundations were laid according to a plan contemplating the erection of four buildings, each of 550 feet front, placed at right angles to each other, facing outwards. They were to be connected at the angles by verandahs of open lattice work, and each building was to be three stories high exclusive of an attic and a basement. The surface enclosed by the foundations, measures $13\frac{1}{2}$ acres, of which the buildings are to occupy $2\frac{1}{2}$ acres.

Nothing farther was done during the year than the laying of these foundations, as in their construction the first appropriation was exhausted. The Legislature, at its ensuing session, considering that the condition of the State finances would not warrant the continuance of the work on so large a scale, wisely directed that all work on three of the foundations should cease after they had been raised to a level, and secured against injury from rain and frost; they also made an appropriation of \$75,000 for continuing the work on the main building, as it had been originally contemplated. Since that time, two appropriations of \$75,000 each have been applied to its construction, and with these several sums the main building fronting to the north has been completed, and awaits only the sanction of the Legislature to be occupied.

This edifice is of the Grecian Doric order of architecture, and is constructed of a dark-grey limestone, quarried at Trenton, about eleven miles distant from Utica. The stone is finely dressed, placed in even layers and pointed with a cement as lasting as the stone itself. This limestone is as durable as granite, and on a sun-shining day it sparkles so as to resemble that stone very closely.

Approached from any direction, the building presents an imposing appearance. Its massive cut-stone columns (the largest in the Union), its beautiful style of architecture, and its elevated and commanding position, give it an appearance of imposing grandeur, equalled by no other structure in the State. It is composed of a centre building, two middle, and two end wings. The centre, intended as a place of residence for the superintendent, steward, and other officers of the Asylum, is four stories in height exclusive of an attic of 20 feet, and a basement. It is surmounted by a beautiful dome, from which a fine view can be obtained of a rich country around, embracing every variety of landscape.

The wings of the building are intended solely for the use of patients and their attendants, and in their internal arrangement great care has

been taken to introduce every modern improvement to render what the purposes of such an institution would require—a durable and convenient hospital, combining all the requisite guards against the escape of patients, with as little the appearance of a prison as possible, and affording every facility for the comfort, well being, and cure of its unfortunate inmates.

The centre comprises, on the first floor, two dining rooms for patients, one communicating with the hall of each wing; one private dining room for the family of the superintendent; two drawing rooms and an office for the physician. Connected with each dining room are dumb waiters, communicating with the kitchens underneath, from which food is supplied. A closet to contain the table furniture, and a wash-sink to cleanse the same, are also attached to each dining room. In the rear of the patients' dining rooms is a verandah supported by cut-stone pieces, between which an iron sash work is secured to guard against the escape of patients. Here that class of patients who are not kept in close confinement can resort at all hours during the day, communication with the wings being opened by doors at the ends of the halls. The arrangement of the second and third stories is the same as the first, with this exception: the space over the drawing rooms is divided off in each story into four sleeping apartments. The dining rooms are the same as in the first. In the fourth story an apartment 93 feet by 36, and 18 in height, and capable of seating one thousand persons, has been finished in a plain and substantial manner for a chapel. The remainder of this story is divided into seven small sleeping apartments. In the basement of the centre are the kitchens, one under each tier of patients' dining rooms. They contain, besides the usual appendages to such apartments, two wrought-iron ovens of a circular form, with revolving pans heated by a furnace underneath. The ease and facility with which all kinds of baking can be done in these ovens, renders them valuable additions to this department. Forty loaves of bread can be baked in each oven at one time, and yet the whole surface covered by either one of them does not exceed twenty-five square feet. In addition to the kitchens, the centre basement contains one wash, one dry, one ironing, and one engine and pump room. The wash room is furnished with a row of tubs supplied with cold water from cisterns in the wings, and with hot water from a reservoir in the same room. The water is heated by passing a current of steam from the boiler in the engine room adjoining, directly into the reservoir, which is two-thirds filled with cold water. This method has been found the safest and most expeditious, and is a great convenience when such large quantities of hot water are constantly required. The drying room is warmed by steam brought from the boiler, and conveyed through cast-iron tubes around three sides of the apartment and terminating in another. A sufficient degree of heat is thus kept up to answer all the necessary purposes of drying clothes, &c.

In the engine and pump room is placed a high pressure steam engine of six horse power, with a boiler of sufficient capacity to supply an engine of double that power. The surplus steam is to be used for the purposes above mentioned, and also for heating water in tanks in the attics of the wings, which are to supply the bath rooms and the wash sinks connected

with the dining rooms. The engine is to be used for forcing water by means of pumps into large tanks in the attics, when through dryness of the season they have failed to be supplied with rain from the roofs above.

The middle and a portion of the end wings are divided into wards 10 feet square for the use of the patients, with halls 13 feet in width extending from the centre building to the extremities of the end wings. A portion of the end wings is reserved for the use of attendants. One of the wards in each story of each middle wing is to be used for a bath room, another for a water closet. Two distinct and separate flights of steps afford communication between the different stories. Each story of the wings is, on account of the brick partition walls, essentially alike: 225 patients can be accommodated in the building without making use of the attics and basements, which can be occupied if necessary. By using these, some 40 more patients can be accommodated. The greater part of the rooms in the attic are intended for the use of the domestics of the establishment. In this story are placed two large water tanks, each capable of containing 300 hogsheads of water. These are lined with lead, and are to be supplied as far as possible with rain water from the roof; when this fails, the mode before stated will be used.

There are also two other tanks of lesser dimensions, which are to be used as hot-water reservoirs for supplying the bath rooms, &c., underneath. The water is heated in the same manner as in the wash room in the basement.

The wings to be occupied by the patients, are warmed by heated air from furnaces in the basements. In the basement of each wing two large cast-iron furnaces, each weighing 4000 pounds, and calculated to burn four-feet wood, are placed, and are so constructed as to admit a current of fresh air from the exterior of the building, underneath the bottom plates. From these the air passes through tubes running perpendicularly to the top of the furnace, and becoming heated in its passage is confined in a chamber above, whence it is conveyed by means of iron tubes through the walls into the upper halls. Two openings, one on each side, admit the warm air into the halls, and from these it passes through lattice openings over the doors, into the various apartments, diffusing throughout the whole building an equal temperature, which can be regulated at pleasure by means of slides at the openings in the walls, or at the connection of the tubes with the hot-air chambers. This method of warming the building has been fairly tried, and found to work admirably.

To guard against the escape of the inmates, an outer sash of cast iron is secured to each window-frame in the wings. The glass window can be raised at pleasure, as it is hung with pulleys and weights, but the iron sash being immovable offers a barrier through which escape would be impossible.

In order to keep up a free circulation of pure air throughout the building at all times, a ventilator opens into each ward and admits the passage of fresh air from flues in the walls communicating with the outer air at the extremities of the building.

To prevent the noise in one story from being heard in another, to the

disturbance, perhaps, of a convalescing class of patients, the floors are made double, with a thick coat of mortar laid between each planking. This answers the double purpose of preventing the passage of sound, and of retarding the communication of fire from one story to the other until measures can be taken to subdue it.

All the work of the building, both external and internal, is of the most durable kind. The materials generally are not of a perishable nature, and the mechanical execution is equal to anything in the State. Externally, it is impenetrable to fire. Internally, no fire could make serious progress before it could be quenched. The walls of each partition are of brick, one foot in thickness, and are carried up to the roof, which is covered with tin plate.

The grounds immediately adjoining the building, are to be laid out in grass plats, flower gardens, &c., with gravel walks, and further beautified by shade trees, plants, shrubs, &c. Connected with the Asylum is a productive farm of 130 acres, on which can be raised all the vegetables that may be required for the consumption of the great lunatic household. Much of the labor can be performed by the hands of the lunatics themselves, as experience has proved that nothing so much as employment contributes to the restoration to reason of those patients who, previous to the attacks of insanity, were engaged in some active employment.

The manner in which all the work about the building has been performed, shows that none but skilful mechanics were engaged in its execution, and we venture to say, no building of such magnitude in the United States has been put up with the rapidity of this.

The whole amount of money expended on this building has been about \$230,000; and on the foundation of the others, not far from \$40,000 more. The site was purchased at a cost of \$16,000, \$10,000 of which was appropriated by the State, the remaining \$6,000 was contributed by the citizens of Utica. When the whole work shall have been completed according to the original plan, it will form the greatest institution of the kind in the world. As it now is, it surpasses any other lunatic asylum in the United States, both in point of magnitude, and excellence and adaptation of internal arrangement. It is a noble monument of the public spirit, as well as of the benevolent feeling of the legislators of the Empire State, and it will stand for ages as an evidence of the enlightened and liberal spirit of the present generation.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DEFORMITY consequent upon the Cicatrix of a Burn.—Adhesion of Chin to Sternum.—Operation.—A healthy, single woman, æt. 19, twelve years since was severely burned on the upper part of chest, neck and lower part of face, in consequence of her clothes taking fire. Very little attention was paid to obviate the contractions of the integuments,

always attendant upon the cicatrization of solutions of continuity due to this cause; and at the end of seven months after the accident, the wound was perfectly healed, with the skin of the chin closely attached to that of the upper part of sternum, and the motions of the lower jaw entirely destroyed.

She entered the Hospital February 28, 1842, presenting the following appearances:—The chin was closely united to sternum by hard, firm cicatrices, which extend over the upper part of chest, over chin and up the sides of the face as far as the lower part of ears, on the right side as far back as extremity of clavicle, and on left about two inches further back, allowing to the head a motion of only about half an inch. The under lip was completely everted, and the lower jaw, the development of which had been arrested in a considerable degree, was protruded and bent downward in such a manner that the incisor teeth projected almost directly forward, not being capable of approximation to the upper jaw by at least two inches: the first molar tooth of upper jaw, in consequence of this displacement and deformity, strikes upon the second molar of the under, which two teeth are the only ones useful in mastication, and these to a very limited degree. There has been some temporary inconvenience from the inability to retain the saliva, but this is of rare occurrence.

In addition to this deformity of the lower jaw, this traction upon the lower part of the face, maintained through so large a portion of the time occupied by the growth of the parts to their state as in the adult, had exerted a very sensible effect upon the facial integuments, and even bones, quite to the forehead; the lower lids being drawn down, the cheeks flattened; and a general elongation given to the face, in addition to that simulated by the position of the lower jaw. In a word, the deformity was one of the worst of its species, and the appearance of this young woman, whose countenance might otherwise have been pleasing, gave a sensation of pain to every one who saw her.

To remedy, if possible, this disagreeable condition, the following operation was performed. The patient lying upon the back, an incision was made through the cicatrix, beginning two inches back of the middle of left, and extending around to the middle of right clavicle, passing within an inch of under lip; by this first incision, the cicatrix was nearly divided, and about half an inch gained in the motion of the head. The dissection was then continued in a very careful manner through the remainder of the cicatrix and the cellular membrane beneath, the power of elevating the head being increased at each stroke of the knife. The superficial parts being thus divided, the sternal heads of the mastoid muscles were seen in each side of the trachea, firm and rigid, and evidently restraining entirely any further raising of the head; both of these were consequently divided, and the chin was thus separated about three inches from sternum, leaving a wound six and a quarter inches long by three and a half broad, on each side of which the pulsations of the carotids were distinctly visible. In making the first incision, both external jugular veins were divided, but no vessel requiring a ligature. A compress wet with cold water was applied to the wound, and the patient was placed upon the back in bed, with no pillow under the head. In the afternoon

there was some hemorrhage from the wound made in the left jugular vein; this was tied by the house-surgeon, and the bleeding arrested. Scraped lint was then applied to the whole wound. Since then the wound has progressed slowly towards cicatrization.

About the middle of March she had a slight erythema about the left shoulder, which, however, lasted only a few days. The wound is now in progress of healing, and the patient will eventually have an increased motion of the head, and also the power of elevating the lower lip, perhaps to a degree sufficient to partially conceal the deformity of the lower jaw, which latter may be relieved by a further operation, should the patient be willing to submit to it.

DR. SHIPMAN'S EXPLANATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I notice an article in your Journal of March 9th, referring to a communication in relation to the case of mal-practice which was tried in this county some time since, and purporting to give the condition of the plaintiff in the suit. "A correspondent," you observe, "under date of February 21st, asserts that the patient whose treatment has been the bone of contention till all the neighboring profession are by the ears, is again in the alms-house and very feeble; the limb, he says, has never been healed, and he intimates that an amputation may yet be necessary." I am exceedingly sorry that any one of our profession, however close he might be driven to the wall, should so far forget himself as to descend to falsehood or other dishonorable means to attain his end. Mr. Smith, the plaintiff, is a poor man, having no family or near relatives in this vicinity. He was at the Alms-house a short time in the winter, but more from poverty than anything connected with the condition of his limb. Having no other home, and unable to procure work at his trade, he resorted to his old asylum, and labored much of his time while there. Six months after the trial, a sinus, which had continued to discharge a small quantity of matter, healed, and has continued sound to this time. This was the ulcer which some of the witnesses on the trial swore "*would remain till death*;" which, as some of my opponents published, was caused by sawing off the bone! and which induced a professor of surgery to testify on the trial "*that the man stood an equal chance of losing his limb*." The present condition of the limb is such that my most sanguine expectations have been fully realized. The bone has united by firm, healthy callus, with much less deformity than might have been expected; indeed, considering the extent of the injury, and all the circumstances, I have seldom known a case of more perfect recovery. He travels without difficulty, with a slight limp produced by the shortening of the limb; his bodily health is good, and he is now working at his trade as a carpenter in this village, doing a good day's work, and commanding good wages. Should amputation ever be necessary, it will be for causes that do not at present exist, neither have existed, and I am

sure the poor fellow prizes his limb too highly to part with it merely for the gratification of any individual.

Soon after the trial, many conflicting and false reports which grew out of the affair, and were industriously circulated by some of my opponents, induced me to publish a full report of the case, which was corroborated by the statements of several medical gentlemen of the first standing in point of veracity and professional attainments, together with full and correct notes of the testimony adduced on the trial, and some remarks of my own which I considered portions of the testimony demanded. In commenting upon the testimony, I entertained no feeling or desire to injure the reputation of any member of my profession, studiously avoiding personalities, and treating the opinions which conflicted with my own views of sound surgical science with that candor and courtesy which ought never to be lost sight of on subjects of professional controversy. The publication of the pamphlet was solely an act of defence, and no person regretted the necessity of it more than myself. I have ever held myself ready to substantiate every word of it. Every statement which I have made I am prepared to sustain by ample documentary evidence and unimpeachable testimony. My friends and myself have been severely censured, our principles and practice denounced, and for what? For saving the limb and probably the life of a fellow being. If these are acts worthy of condemnation, we plead guilty to the charge, and glory in such crime. A professor of anatomy and of surgery, who were summoned by the defendants on the trial, thought proper, for reasons best known to themselves, to give such opinions as you find reported in the pamphlet. Those opinions were so extraordinary and unexpected, and so widely at variance with the established principles of our art and the dictates of common sense, that I do not believe, on reflection, they will ever advance them again—opinions, which, had they come from some sources, would have demanded no notice from me; but when emanating from teachers of surgery, they merit a more critical examination. It is doubly important that a teacher of the principles and practice of surgery, advance those doctrines which shall be applied with safety to the treatment of such cases as fall under his own care, or the care of those who go forth into the world imbued with the doctrines which he has taught them. With these feelings and views, I was induced to publish the pamphlet.

The practice which I adopted was such as my own judgment dictated, such as has succeeded repeatedly in my hands, such as I supposed no scientific surgeon would question, and such as I should pursue again under similar circumstances. The principles which I have supported I shall continue to support. I must and shall defend them, if required to do so. I have no desire to push the matter to the injury of any individual, but falsehood and misrepresentation I shall ever hold myself in readiness to refute.

A. B. SHIPMAN, M.D.

Cortlandville, April 10, 1842.

PIN DISLODGED FROM THE ŒSOPHAGUS—INGENIOUS METHOD.*[Communicated for the Boston Medical and Surgical Journal.]*

ABOUT thirty years ago I was called in the night to visit a lady about four miles from home, who had accidentally swallowed a pin, which had lodged in the œsophagus, and which caused her some pain and much alarm. I had seen directions for patients, under such circumstances, to swallow a small piece of compressed sponge suspended to a piece of strong twine, by which the sponge could be drawn up again, with the prospect of loosening the pin, and then suffering it to slide harmlessly into the stomach. But from the lightness of the material thus employed, it was impossible for the patient to swallow it. Failing, also, in the use of an emetic, and having no instrument at hand suitable for the occasion, it occurred to my mind to substitute a small leaden bullet for the sponge above mentioned; which, after being thus swallowed and drawn up two or three times, was completely successful. This method has since been used by me, and always with success. Not knowing as such a means has ever been used by any other person than myself, I have thus communicated to you the result, and should you think it of sufficient consequence you may give it an insertion in the Journal, or commit it to the flames, as you may think proper.

C. BANNISTER.*Phelps, N. Y., April 4, 1842.***BOSTON MEDICAL AND SURGICAL JOURNAL.****BOSTON, APRIL 20, 1842.****LIBRARY OF PRACTICAL MEDICINE.**

DR. GERHARD, the American editor of Dr. Tweedie's System of Practical Medicine, has prepared a new edition, which is complete in all its parts. Not long ago the first edition that appeared in the United States was issued in five massive volumes, which necessarily made it an expensive, although a desirable work. The profession prized it so highly that this second edition is called for unexpectedly soon, which is a gratifying evidence of the value placed upon this series of writings. In the new and recently announced edition, the publishers, Messrs. Lea & Blanchard, have studied economy for those who are the patrons of scientific works. By condensing the former five huge volumes, into the convenient compass of three large octavos, the price is very considerably lessened, although the original matter is all there, with such additions and emendations as Dr. Gerhard considered essential to keep pace with modern discoveries and improvements. Copies may be found at Mr. Ticknor's, Washington street; and we would recommend young practitioners, especially, to secure a medical guide which can be followed under all circumstances, with safety and satisfaction, since the principles taught in the dissertations of the Library are immutable.

Regimen and Longevity.—In a notice of Dr. Bell's new work, recently, an intimation was given of an intention of making further observations, which we now do briefly, not with a view to find fault, but to express the satisfaction derived from his boldness in the cause of temperance. On this topic the author speaks out with becoming decision; but on the articles of diet he is evidently very guarded, as though he were fearful of offending some one. Whoever reads the book attentively will feel, doubtless, as we do, that Dr. Bell has concentrated the whole history of the edible vegetable kingdom, cited the best authorities, and given the opinions of every body, but studiously concealed his own, which, with us, would weigh down the most of them. It is suspected that he favors, essentially, a vegetable diet: and if he does, there would have been no sin in saying so. His declaration, either for or against animal food, would be treated with respect by all thinking men who are acquainted with him, as they know that he has no favorite ends to be answered in giving a poise to the question, either way. If Dr. Bell belonged to the new school of boarding-house reformers, who starve to live, and live to starve, making people pay for being miserable as long as their money held out; or if he wrote bastard physiological books, to fill his own pocket, although ostensibly designed to enlighten the benighted minds of a flesh-eating world; if he taught that Moses and the prophets only came into the world for the purpose of correcting the dietetic calendar of the descendants of Abraham, Isaac and Jacob; and lastly, if he were monomaniacal in his determination to be heard, seen and felt in the community, till his name was made a loathing in the highway, he would not command the esteem of those who now take great delight in the results of his literary and scientific researches into the history and philosophy of regimen and longevity.

New York State Medical Society.—By the politeness of the Secretary, we have the late transactions of this Society, being Part 2d of the 5th volume, and containing, as usual, the minutes of a session, and such papers as were communicated from one period to another, by members. One of these, from the president, has been noticed on a former occasion, as a valuable historical document. Dr. Davis's review ought to receive more definite attention than can be given to it in this paragraph. The same remark will also apply to Dr. Purple's resolution. The following gentlemen were unanimously nominated for the honorary degree of Doctor of Medicine, to be conferred by the Regents of the University, viz.: Dr. Levi Farr, of Greene; Dr. Wm. C. De Witt, Saugerietes; Dr. Lester Jewett, Geneva; and Dr. Thomas Goodsell, of Utica.

It was resolved that the Society instruct the *Comitia Minora* to present to the Legislature a remonstrance against the repeal of the law prohibiting unlicensed practitioners from collecting pay for their services.

The Society presents the pleasing aspect of a vigorous, energetic association, whose deliberations have constantly in view the honor and usefulness of the medical profession.

Dr. Coventry's Address.—On the 25th of January, at a meeting of the graduating class of the medical students of Geneva Medical College, a request was made of Professor Coventry, Dean of the Faculty, for permission to publish an address which he had delivered before them that

day. The address has accordingly been printed, and comes to us in the form of a neat pamphlet. In the character of the sentiments it promulgates, it speaks favorably for the intelligence, benevolence and parental solicitude of Dr. Coventry, who evidently viewed the gentlemen who had been professionally educated under his own eye, with the partiality of a father. This kind of feeling is a charming feature in the character of a public instructor.—So many works of various kinds are continually crowding in upon the Journal, that it is quite impossible to copy very many excellent papers, that are deserving of an extensive circulation. This, amongst others, has a claim upon the consideration of those about commencing the practice of medicine, and will doubtless be read with delight wherever circulated.

Public Health in Boston.—There is a general impression abroad that it is uncommonly sickly in Boston; but on an examination of the bills of mortality, it will be apparent that no epidemic is or has recently been prevalent in the city. Several sudden deaths, arising from organic affections of the vital organs, seem to have produced some alarm in the community. Very many exciting influences are now operating to affect the health of those who are not sound in body and mind; but when these influences have been overcome, a better state of health will probably return.

Medical Institute of Louisville.—By the attentions of the Librarian, the catalogue of 1842 has been received at the Journal office, containing the names of the students attending the late course of lectures, and a list of fifty-three graduates. The honorary degree of Doctor of Medicine was conferred on George Rodgers, Glasgow, Ky.; George R. Grant, Jacksonville, Ala.; Augustus Webber, Hopkinsville, Ky.; and Geo. Thompson, Jefferson, Tenn. Andrew P. Price, M.D., of Circleville, Ohio; and Thomas W. Colescott, M.D., Louisville, Ky., were admitted *ad eundem*.

Medical Staff of the U. S. Army.—A medical board has been ordered to convene in Philadelphia the 2d of May next, for the examination of assistant army surgeons, for promotion; and for the examination of candidates who wish an appointment in the medical staff of the army. The president is Surgeon T. G. Mower, M.D.; Surgeon H. A. Stinnette, M.D., and Surgeon J. M. Cuyler, M.D., members. Those from the North who wish to go before the board, should be there seasonably.

Transylvania University.—An extra circular is abroad, from the medical department, mainly to contradict the report that the integrity of the Institution was threatened in consequence of the Dr. Cross affair. The Dean, Dr. Mitchell, certifies that "It is due to the Institution and to ourselves, to affirm, as we now do, most explicitly, that the reports referred to are destitute of foundation." It seems, therefore, that somebody has magnified something outrageously, to propagate a slander that has had a rapid run through the United States.

Smallpox in London.—There were 1053 deaths by smallpox last year in the British metropolis; and had it not been for some extra exertion on

the part of certain benevolent individuals, it is fully believed that the mortality by that worst of maladies would have been far greater. Only a little time ago, comparatively, when the smallpox was epidemic in London, 1145 deaths occurred in three months. Notwithstanding the acknowledged efficacy of vaccination, such is the neglect of the people to avail themselves of its protection, that the mortality by smallpox is annually increasing throughout the United States. A few cities, by well-timed municipal laws, encourage vaccination; but throughout the wide-spread country, it is rarely practised except on some sudden alarm arising from the discovery of a case of smallpox near at hand.

Phrenological Journal.—One unacquainted with the scrupulous exactness of Mr. Fowler, the editor, would almost believe that he intended to make merry with his readers in the April No. of his Journal, published on all-fool's day. The No. commences at page 99 and leaves off at 72. Somewhere near the middle is page 120; and directly opposite, page 49! Now this is exceedingly provoking to one who takes as much pleasure as we do, in following out all Mr. Fowler's essays. Send on something more correct than this, or the friends of phrenological science in Massachusetts will suspect the loss of that organ which formerly gave correctness to the sheets of their favorite periodical.

Efficacy of Hydrocyanic Acid in Angina Pectoris.—Dr. Schlessier, of Pietz, relates the case of a man, 48 years old, of a delicate constitution, who had suffered for four years with a disease of the heart, with alteration of the *bruits* of this organ. It was accompanied with periodical accessions of angina pectoris, of vertigo, and of imperfect consciousness. In March, 1839, after great fatigue, undergone during rain, the man was attacked with a sudden paroxysm of asthma, with pain of the chest, dyspnœa, and orthopnœa; there occurred a small dry cough, incessant and fatiguing, which occasionally produced bloody sputa; then at every movement which the patient made, even when he closed his eyes, he experienced an alarming sense of strangulation. With these symptoms there appeared an intense fever, of which the remissions were very short; the heart symptoms had also assumed an aggravated character. Then came on vertigo, hallucination, sometimes loss of consciousness, a feeling of tension, beating of the carotids, and, in short, all the symptoms indicative of a mortal apoplexy. To alleviate this condition, recourse was had successively to general and local bleeding; to cold applications; to sinapisms and blisters; calomel and rhubarb, digitalis, acetate of morphia with squills were administered. These remedies were used during five days without any effect, and had not relieved the sleeplessness and orthopnœa of the patient, which made him every minute wish for death. Herr Schlessier now gave prussic acid. It was given, pure and recently prepared, to the patient in the dose of one drop every two or three hours. An hour after the exhibition of the medicine, the symptoms lost their intensity, and gradually diminished. The sixth day, when the patient took only four doses in the twenty-four hours, all the symptoms of the encephalic and respiratory organs had disappeared. As regards the heart there was no change. After this the patient was subjected to a tonic regimen. For a long time he took alum with rhatany root and extract of lettuce. Three months afterwards the patient was well, and appeared

alleviated even of those symptoms which existed before the last attack. Upon every access of the asthma the patient invariably found relief from the hydrocyanic acid.—*Med. Zeitung—London Lancet.*

On the Use of Oxalic Acid. By DR. NARDO.—Dr. Nardo has employed this acid in inflammations of mucous membranes, and finds that its antiphlogistic action is more marked than that of any other vegetable acid, possessing the property of instantly calming the severe pains, which frequently accompany inflammation of the mucous tissue. He has used it with success in acute and chronic affections confounded under the name of angina, in different inflammations of the mouth, aphtha of newborn infants, gastritis, and gastro-enteritis. The following is the formula he prefers: R. Solution of gum arabic, 3 ounces (94 gram.); oxalic acid, 1 to 2 gr. (15 to 30 per cent.); gooseberry syrup, 1 ounce (32 gram.). A tablespoonful (cuillerée à bouche) to be taken slowly at short intervals.—*Brit. Review.*

Medical Miscellany.—Dr. Austin Flint has completed a popular course of lectures on anatomy and physiology at Buffalo, that appear to have given great satisfaction; our friend Gen. Potter was chairman of a committee that reported several very complimentary resolutions in regard to the course, on the completion of the first series.—A colored woman died at Patterson, N. J., aged 114, leaving a daughter of 70.—Dr. Z. E. Pendleton, of Monticello, Miss., in an attempt to chastise a man by the name of Enghard, was so severely stabbed that he soon died, and the jury decided that Enghard was justified in killing him, in self-defence.—Dr. Mott, says the Traveller, comes out in favor of tobacco, as a preventive, and perhaps a cure, of laryngeal phthisis. This is in accordance with the doctrine first advanced by Dr. Mauran, of Providence, R. I., three years ago, in this Journal, and for which he was severely assailed by the anti-tobaccoists.—Mrs. Hawley's school of calisthenic exercises for young misses and small boys, meets with very great encouragement in Boston. All the feeble, puny young masters and misses in the city should be placed under her systematic care, as the most philosophical method for developing attenuated muscles or strengthening a slender frame.—Dr. J. W. Thompson and Dr. Robert McKay, of Delaware, are distinguished members of the New York Home Industry Convention; also, Dr. J. A. White, of Michigan.—A child in Foster, R. I., was poisoned to death by eating the prepared ends of a bunch of friction matches.—Faneuil Hall cannot be had for the annual dinner of the Massachusetts Medical Society, on the 25th of May, as petitioned for, as it had been previously granted by the city authorities for a total abstinence fair.—The rate of mortality in Vienna, is stated to be 1 in 22; Rome, 1 in 24; Naples and Amsterdam, 1 in 28; Brussels, 1 in 29; Madrid, 1 in 35; Paris, 1 in 36; Geneva, 1 in 40; London, 1 in 44.—Dr. Barent P. Staats was last week elected mayor of the city of Albany.—Dr. Stephen W. Williams, of Deerfield, is the orator of the Massachusetts Medical Society on the next anniversary meeting.

DIED.—In Boston, George B. Doane, M.D., 49—as distinguished for his kindness to the sick, particularly the sick poor, as for his skilful treatment of disease.

Number of deaths in Boston for the week ending April 16, 55.—Males, 23; Females, 32. Stillborn, 4. Of consumption, 5—pleurisy, 3—debility, 3—erysipelas, 1—infantile, 5—lung fever, 3—dropsy in the head, 1—scarlet fever, 7—old age, 3—child-bed, 5—cancer, 1—fits, 1—disease of the brain, 1—paralysis, 2—inflammation of the lungs, 1—inflammation of the bowels, 2—intemperance, 1—diarrhoea, 1—accidental, 2—disease of the heart, 1—jaundice, 1—rheumatism, 1—hemorrhage, 1—stoppage in the bowels, 1.

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 13' 43". Elevation 483 ft.

1842. March.	THERM.		BAROMETER.		Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun. E. Sun. A.	Sun. A. Sun. E.	Sun. E. Sun. A.	Sun. A. Sun. E.			
1 Tues.	32 43 44	29.61	29.53	29.49	S W	Fair	
2 Wed.	40 49 49	29.23	29.02	29.89	S W	Cloudy	.18 inch rain in the night.
3 Thur.	44 61 63	29.01	29.14	28.20	S W	Fair	
4 Frid.	47 69 65	28.21	28.20	29.20	W	Fair	.08 inch rain. Therm. 70 at 3, 57 at 9 P. M.
5 Satur.	58 40 38	29.05	29.30	29.40	N E	Cloudy	.17 inch rain. Blue birds begin to sing.
6 Sun.	32 32 31	29.60	29.62	29.60	N E	Cloudy	.29 inch rain. Thunder storm at 9 P. M.
7 Mon.	34 40 38	28.35	28.38	29.40	N E	Cloudy	
8 Tues.	28 41 46	29.71	29.63	29.64	N W	Fair	
9 Wed.	32 42 40	29.58	29.39	29.16	S W	Cloudy	
10 Thur.	44 59 52	29.00	29.02	29.16	N W	Fair	High wind.
11 Frid.	41 36 30	29.29	29.10	29.20	N E	Cloudy	Snow at 7 o'clock, A. M.
12 Satur.	12 25 27	29.66	29.80	29.80	N W	Fair	High wind. Zodiacal light.
13 Sun.	23 32 36	28.65	29.55	29.53	S W	Cloudy	Zodiacal light.
14 Mon.	30 42 40	29.58	29.57	29.57	N	Cloudy	
15 Tues.	27 48 44	29.55	29.50	29.49	S W	Fair	
16 Wed.	30 43 44	29.59	29.63	29.62	N W	Fair	
17 Thur.	37 54 56	29.38	29.17	29.15	S W	Fair	Frogs peeping.
18 Frid.	38 51 46	29.42	29.52	29.56	N W	Fair	
19 Satur.	35 50 58	29.48	28.21	29.22	S W	Fair	Trailing arbutus in flower.
20 Sun.	41 56 53	29.35	29.29	29.50	W	Fair	Elms in blossom.
21 Mon.	26 47 44	29.50	29.54	29.54	N W	Fair	
22 Tues.	30 32 28	29.50	29.44	29.46	N E	Snow	Snow in the night.
23 Wed.	22 32 29	29.59	29.65	29.50	N	Fair	Fall of snow about four inches.
24 Thur.	20 43 40	29.69	29.70	29.59	N	Fair	Halo around the moon.
25 Frid.	31 32 33	29.56	29.43	29.29	N E	Rain	Snow in night. Hail storm, with thunder.
26 Satur.	32 40 37	29.11	29.18	29.28	N W	Cloudy	Thunder storm, hail.
27 Sun.	34 46 50	29.43	29.45	29.32	W	Fair	
28 Mon.	38 40 35	29.17	29.35	29.53	N	Fair	Beautiful sunset.
29 Tues.	29 48 45	29.69	29.70	29.62	S W	Fair	
30 Wed.	36 52 48	29.32	29.09	29.05	S W	Rain	.26 inch rain in the night.
31 Thur.	39 35 27	29.12	29.24	29.38	N E	Snow	Snow squall commenced at half past 12.

This month has been unusually pleasant for March; the first part of the time very mild and warm, the few last days chilly, squally and blustering. The barometer has ranged from 28.89 to 29.80; the thermometer, from 12 to 70, mean 41. Rain, 2.24 inches.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.

Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.

Practice of Physic, by JAS. SEWELL, M.D.

Medical Jurisprudence and Pharmaceutical Chemistry, by J. RAOY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.

JOS. PAINCHAUD, M.D.

JAS. A. SEWELL, M.R.C.E.

JNO. RAOY, M.D.E.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Jy 28—copy

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, APRIL 27, 1842.

No. 12.

INEBRIETY IN THE UNITED STATES ARMY.

[The facts in the following article were collected from the Medical Statistics of the United States Army, by Samuel Forry, M.D., of New York, and published in the last No. of the American Journal of Medical Sciences, from which we copy them, with Dr. F.'s accompanying remarks.]

Up to the present day, the statistics of intemperance in reference to etiology, pathology, and therapeutics, have been so loose and unsatisfactory, as not to allow of any accurate deductions. At the same time, all admit that among the various causes by which the vital energies of the human organism are impaired, no one is more efficient. The dreadful effects induced by inebriation are shown in the details of each military post. The writer attempted to condense certain cases under the head of *ebriety*; but as some medical officers reported no such cases, except under the general head of "*morbi varii*," the result, as regards the number of cases, falls short of the reality. Its agency, directly and indirectly, in the causation of phthisis pulmonalis and epidemic cholera, has been abundantly pointed out in these statistics; and its intimate connection with febrile diseases, diarrhoea, dysentery and hepatitis, although not definitely determined, is yet so apparent that it is constantly dwelt upon in the reports of medical officers.

In the northern division of the United States, taking the 40th parallel as the dividing line, the total of cases reported as *ebriety* is 1370, and the deaths 5, being 1 in 274; and in the southern, the total of cases is 2616, and the deaths 58, being 1 in 45. Assuming then that inebriation prevails to an equal extent in the two divisions, it appears that in northern latitudes it is attended with comparative immunity, as regards its immediate effects; for the deaths from this cause average in the northern division 2, and in the southern 23, annually, per 10,000 of the strength. But this subject admits of further elucidation.

Of *delirium tremens* there are reported, in the northern division, 102 cases and 3 deaths, being 1 in 34; and in the southern, 306 and 39 deaths, being 1 in 8. The annual mortality per 10,000 is, therefore, in the north upwards of 1, and in the south 16.

The total of *epileptic* cases, which generally arise from the excessive use of ardent spirits, is in the northern division 166, and in the southern 188, the annual ratio of each being 7.5-10 per 1000; but in this affection, too, the mortality is higher in southern latitudes, being in the former division 1 in 33, and in the latter 1 in 21 cases.

Of *apoplexy* in the northern division, the total of cases is 4, and in the southern 25, the ratio of the latter being six times as high. As the exciting causes of these cases were chiefly the intemperate use of spirituous liquors and exposure to the direct rays of the sun, several being reported as *ictus solis*, the higher average in the south might have been readily anticipated. In the southern division, the ratio of deaths to the cases treated is nearly twice as high as in the northern. As regards *phrenitis* and *meningitis*, it is found that the relative results, on a comparison of the north and south, are very like those of the preceding disease.

These are not, however, the only deaths arising from drunkenness. Of the 10 deaths reported as *sudden*, the majority is doubtless attributable to this cause. Of the 25 deaths from various *chronic visceral lesions*, the greater proportion has no doubt been induced by the same agent. The 85 deaths under the head of *casualties* have been reported principally as drowned, frozen, suicide, homicide, wounds and injuries—the result, in a great measure, of intemperance. In looking over the details of our salubrious posts, for instance those along the coast of New England, the most striking fact is, the low ratio of those that die from what may be regarded as natural causes. Perhaps four-fifths of the deaths at such stations are reported under the names of epilepsy, apoplexy, mania a potu, phthisis pulmonalis, atrophica, &c., with the remark to each case that it arose from the abuse of inebriating potations. The aggregate of deaths in the table furnishing these data, is 1104, more than one half of which may be traced to that war against nature, which claims more victims than the most fatal epidemics—epidemics, the visitations of which are viewed with dreadful apprehensions, whilst this moral pestilence is continuously in our midst, almost unnoticed.

An important step in suppressing habits of inebriety among our troops has been effected by the abolishment of the issue of spirits as a part of the daily ration of the soldier. Soon after the establishment of the Medical Bureau in 1818, the late Surgeon-general, Dr. J. Lovell, urged, with laudable zeal, upon the then Secretary of War, the importance of abolishing the use of whiskey among the troops, and of substituting an equivalent in vegetables or sugar and coffee; and although he repeatedly pressed the subject, maintaining that it was the cause not only of many of the irregularities of the service, but of vast expense to the public treasure by the increase of the sick list and by premature deaths and discharges; yet it was not until the administration of Mr. Cass, in 1830, that an order was promulgated directing that “the commissaries shall cease to issue ardent spirits as a part of the daily ration of the soldier.” When a man was obliged to swallow or throw away his ration of spirits, it was not to be expected that the best-directed efforts of commanding officers could effect anything towards suppressing the evil; and to convert temperate men into drunkards, it were difficult to invent a more successful plan. “To swallow nearly half a pint of spirits daily was,” says Henry Marshall, Deputy-inspector-general of Hospitals in the British army, “until the abolition of spirit-rations, a part of the *duty* of a soldier; and that this duty might be effectually executed, it was the usage of the service

in many stations to have it performed under the immediate superintendence of a commissioned officer, who certified to his commanding officer that he had actually seen each man drink his *drams*."

What a commentary does this chapter afford on the *morale* of the army! But the explanation is to be found in the fact that those who fill the ranks are mostly such as have proved themselves unfit for the trusts of civil life; and among British troops, the influence of the depressing passions, as is evinced by the extremely high ratio of suicides, is still further increased by the hopeless nature of the service, all enlistments being for an unlimited period.

What a long and frightful catalogue of ills follow in the train of this moral evil; tubercular phthisis—dyspepsia with its manifold miseries—inflammation of the stomach, liver, pleura, brain and its membranes—jaundice, dropsy, diabetes, gout and delirium tremens! Among certain causes which are known to increase the tendency to inflammation—*causes of debility*—intemperance in the use of strong liquors is one of the most prominent. Another effect resulting from habitual intemperance is a peculiarity of constitution, which disposes, in a remarkable manner, to chronic inflammation and slow deposits of solid lymph in the lungs, liver, kidneys, and the lining membrane of the heart and arteries. Again, the fever attending inflammation in such constitutions, is disposed to take the typhoid form.

In the United States, in consequence of the cheapness of ardent spirits and the comparative pecuniary comfort of our citizens, by which the means of this kind of indulgence is placed within the reach of all classes, delirium tremens is a common disease. Very great improvement, however, in the habits of the people, in this respect, has been within a few years effected.

A CASE OF THYMIC ASTHMA.

BY WILLIAM C. ROBERTS, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE PROCTOR, aged 9 months, of a strumous diathesis, was, at the time of his death, fat, strong and active. His evacuations during his whole life had been frequent and green, and were rather more so latterly. He had not had any cough preceding his death, nor had he any mucous rattle at that time. About the first of January last he was first observed to "catch his breath;" that is, to make a crowing shrill noise on inspiration; at first only once at a time, and as the disease advanced several times in succession, and during sleep. In the mean time he was gay, hearty, and nursed freely. Two months ago, he had *two spasms*; in which he crowed, turned rather purple, fell back in his mother's arms, stretched himself out, and was stiff. In a few seconds he came to again, broke out into a cold sweat, and then fell asleep. Nothing approaching to blueness of tint had ever been observed about him. He had two more of these "spasms" afterwards, in the last of which he died. He

always, his mother says, "cried as if it hurt him," and when he did so, she noticed, I having desired her to do so, that the thumb was always drawn into the palm of the hand. On the 28th of March he was as well and playful as usual, but had more frequent "catchings" of his breath on that day. At 4 P. M., while sitting on his mother's knee, playing with her thimble, he had a spasm, and instantly expired. Dr. Jno. Stevens was called to him immediately, but life was extinct.

Autopsy.—Both lungs presented a similar appearance; they felt externally firm and crepitated little; internally, though their natural spongy structure was perfectly evident, and they were not at all friable, and crepitated beneath the knife, they were congested, contained more blood than natural, and much aerated fluid escaped from the incisions on pressure. I did not examine the bronchi, until they had for some time lain in water; they then presented no evidences of inflammation. The thymus gland was four inches long, and three and one fifth inches broad; it was six-tenths of an inch in thickness, and weighed *eleven drachms* (660 grains). The right lobe was thicker and longer than the left, and covered the heart to its lower edge. The right lung was pushed back in the thorax, so that on opening that cavity it did not appear, its place being occupied by the thymus.

The heart was of natural size. The walls of the left ventricle might be a little thick (half an inch), its cavity small, and the columnæ carneæ fleshy; but on comparing with a healthy child's heart, I could detect no material difference. On laying open the auricles and holding the septum against the light, *the foramen ovale appeared perfectly closed*. The blow-pipe detected a minute orifice at the bottom of the pocket of the valve, through which a bubble of air passed; but I have the authority of Drs. Swett and A. Clark for saying, that for all practical purposes, *it was impervious*. There was no communication between the ventricles.

The liver was healthy; the gall-bladder atrophied, of a pale sea-green externally, and contained only a little saffron-colored mucus. The small intestines were of a light purple color externally—internally, they displayed much erythematous redness—many isolated follicles existed; many of Peyer's plates were hypertrophied, red, and had a bright-red areola, with injected vessels passing to their circumferences. The m. m. was softened. The large intestines were pale; the isolated follicles numerous and hypertrophied.

This is an undeniable case of Kopp's, or thymic asthma, terminating fatally *suddenly*, and of a paroxysmal character, such as had been previously described by Kopp, by Montgomery, by Hersch and Flachmann. It is the first species of that disease, of which I have described a *second form, accompanied by different symptoms*, and not, as I am said to have done, a "new disease, entirely distinct from thymic asthma."—(See Monog. p. 148.) The gland is the heaviest on record, of which accurate measurement has been taken. I suppose that it will not be contended, either from the state of the foramen ovale (upon the open state of which in all of Kopp's cases of "thymic asthma," in Dr. Hamilton's, and in nearly all where the thymus has been found greatly enlarged," Dr. Lee, who does "not admit there is any evidence to show that hypertrophy of

the thymus simply, does cause disorder, either in the vascular or respiratory system," [Monog. p. 153] lays great stress), or from the symptoms, that this was "a clear case of *cyanosis*." Neither did the enlargement of the thymus depend upon an open state of the foramen ovale, nor on "any obstruction to the circulation through the lungs." The hypertrophy of the thymus, *and that, I imagine, will not be contested*, was the primary cause, then, of the condition of the lungs and heart, and of the symptoms and result. What are we to think, then, of the "conclusions to which, after a full and impartial survey of the whole subject," the author of the Monograph on the Thymus Gland, in the American Journal of the Medical Sciences for January, 1842, arrives? which are as follows: 1st, That "thymic asthma" and "spasm of the glottis" are the same disease, &c.; occasionally, perhaps, owing to enlarged cervical glands, *but very seldom, if ever, to a similar condition of the thymus*" (p. 154); and also, that in a large majority of cases, where we have reason to believe the thymus was of abnormal weight, "such enlargement is to be regarded in the light of *an effect and not a cause* of the morbid symptoms" (p. 154). The same author, in his fourth proposition, asserts that, "in most of the cases which have been latterly adduced to support the theory of the thymic origin of the croup-like convulsion, there is no satisfactory proof that the thymus was enlarged." A weight of eleven drachms and a thickness of over half an inch, facts which were ascertained by Dr. Jas. B. Kissam, in my presence, would, I should suppose, satisfy the most sceptical as to the reality of such enlargement in the case before us, which case appears to me to establish, in a manner not less satisfactory than fifty thousand similar ones could do, the existence of a peculiar set of symptoms, entitled "thymic asthma," "laryngismus stridulus," or what the reader pleases, *depending on enlargement of the thymus gland alone*—a circumstance certainly of no mean importance in a practical point of view. Theory, on this subject, will, I suspect, as on many others, be found to be opposed to the evidences furnished by pathological anatomy, which it seems to be the fashion now-a-days, in some high quarters, to disparage.

Note.—I would thank the reader to turn to the accurately-reported case by Dr. Swett, in the No. of the New York Journal of Medicine and Surgery for January, 1840, which is *in every respect* identical with that which I have now reported. On comparing them, one is irresistibly tempted to exclaim, with the author of the Monograph—"how *improbable* that the slight compression, if even such there be, exerted by the thymus in cases of its greatest enlargement, should lead to a fatal termination" (p. 154). I beg to add my conviction that if slight pneumonia, or bronchitis even, had supervened in this case, the fatal termination would have been marked with the "peculiar symptoms" which constitute the second form of this disease.

It may be useful, in the present state of the question, to state the differential diagnosis between cyanosis and pure thymic asthma. *Cyanosis* is characterized by fits, in which, for a few minutes, respiration is entirely suspended; the eyes are vacant; the hue of the face changes, and the pulse is extremely irregular. In the course of ten minutes, the blueness

extends over the whole face; afterwards the extremities become blue and cold, and the pulse scarcely perceptible. While in this condition the child suddenly screams, is convulsed, and with two or three sudden inspirations the circulation is again restored, and the skin recovers its natural hue.—(Stewart.) Organic malformations of the heart have existed without the presence of a cerulean hue, or the evidence of the usual distressing symptoms, but in every true case where these symptoms do exist, I suppose the presence of that hue to exist, though I do not observe this to be stated. In every case of this disease there exists either an open state of the foramen ovale, or a preternatural opening between the ventricles, or an altered state of the right cavities of the heart, or some other congenital malformation, capable of disordering the circulation. In pure thymic asthma, the pathognomonic symptom is a “crowing inspiration,” not occurring in cyanosis; the paroxysms are shorter; carpo-pedal spasm is often present, and there is no discoloration of the skin at any time, except what occurs at the moment of the paroxysm, and that is slight and limited. It is now satisfactorily shown that a merely enlarged thymus, without any other organic malformation of the heart than a slight degree of hypertrophy of the left ventricle (consequent), is sufficient to give rise to the symptoms, even if other causes, not connected with the heart, are deemed to cause its occurrence. The propriety of considering them as *distinct diseases*, is very apparent from this summary of the leading symptoms of each.

It may serve to elucidate the *questio vexata* of the size of the thymus, if I state that on the same day I made the post-mortem examination of a boy a little over three years old, who died of hæmatemesis, while convalescing from scarlatina. The thymus in him was one and a half inch broad, two and three quarter inches long, and one fifth of an inch thick, and weighed eighty-two grains. If, as some have asserted, the thymus weigh at birth two hundred and forty grains (which there is no evidence to prove), and grow till the end of the second year in proportion to the rest of the body, the rate of diminution after that time must be *pretty rapid*.

The reader will find, in the April No. of the American Journal of the Medical Sciences, an extremely interesting paper on “laryngismus stridulus,” by Dr. George A. Rees, of London, to which every one interested in the subject should refer. It contains the case of a child who died suddenly, aged nine months; the lungs and brain were healthy; *the thymus was four inches three lines long, two inches five lines broad, and weighed seven and a half drachms (450 grains)*. The heart was healthy, but its right cavities were engorged. The foramen ovale, alas! was not examined; probably because the careless doctor never once suspected, though he saw the child often for many months, that he had nothing but a “clear case of cyanosis” to deal with. But a new light has fortunately dawned on the profession, *and we now know* that the enlargement of the thymus is only apparent and has nothing to do with the symptoms! I pity the narrow views of Dr. Rees, as expressed in the following passage:—“I believe, in these cases, that hypertrophy of the thymus gland will almost always be found to be the cause of the mis-

chief. I have opened as many as six or eight young infants, dying suddenly of laryngismus stridulus, and have always found the thymus much enlarged, weighing *five*, six or seven drachms." Dr. R. has yet to learn that a weight of an ounce has yet to be shown to be abnormal "by further observations"—(Lee)!! He will doubtless scrutinize the foramen ovale for the future in his dissections, and beware how he errs in his diagnosis. To be serious: there is a vast deal in this excellent practical essay from the pen of one *who has seen a great deal of the disease at the bed-side*, and investigated its cause with the scalpel (not speculated on it in the study, and examined it with the point of the pen), which I would most willingly transcribe if space allowed. I can only commend it to the special notice of the reader.

April, 1842.

SCARLATINA AND BELLADONNA.

[Communicated for the Boston Medical and Surgical Journal.]

THE experience and observation of more than fifteen years with belladonna, in scarlatina, incline me to the belief that it is not properly appreciated. It possesses great integrity in medical properties; and some of its most manifest ones are diaphoretic and diuretic, acting upon the bowels, and it decidedly moderates nervo-muscular irritability. I do not wish to be understood that I attribute to it prophylactic powers.

When we consider the phenomena of disease—of fever, of inflammation, of smallpox, of scarlatina, &c.—we, according to the established rules of physics, compare the relation between them, and naturally enough bring into our consideration, also, those agents, made use of in a reasonable practice, and their influence upon animal life in health and disease.

It is observed that scarlatina is mostly confined to childhood, a period of life of great susceptibility—that disasters are most common among children of the most lively temperaments, and those whose appearances are the most flattering. It is noticed that when the affection is of an elevated degree, the sensibility is greatly increased. In the commencement of scarlatina, we particularly notice this elevated state. The irritability of the whole organism is greatly increased, the heat is very intense, amounting to 108 degrees Far., and sometimes more. The pulse are very frequent, often beating to 140 in a minute; sometimes quite small, but generally very full and hard. These premises lead to important subjects of inquiry, viz.: 1st, What is its nature? 2d, By what means is it best treated?

1st. Scarlatina seems to be an increased action of the smaller vessels, particularly of the surface, and membranes about the throat, &c., joined with a peculiar action, by which they are enabled to produce the following results:—to unite parts of the body to each other; to form pus; to remove parts by ulceration; to cause effusions; and in severe cases to produce fatal collapse, &c. Most of these results are known to be produced by common inflammation. But again, in mild cases, we see none

of the above results; the affection, after about the third day, begins to abate, till at length, after a period of from five to ten days, the system returns to the natural state, which phenomena we see in mild cases of inflammation. From these facts, what is the judgment? It must be given according to the evidence—which is, it appears to be purely an inflammation of the small vessels of the whole system, concentrated about the throat.

2d. It is observed that there is a greatly increased state of the sensibility, in a severe case of scarlatina, and that there is a greater degree of heat than in common fevers, and when it is on an elevated degree the patient cannot endure the contest, and it is soon over. It is supposed that animal heat is modified and controlled by the laws of vitality; and that the brain and nervous system perform an important part in its generation and evolution. Consequently it is inferred that the brain and nervous system have a great deal to do in modifying scarlatina, and that those agents that moderate the sensibility of the nervous system, with the most certainty, will be found the most powerful and certain to modify and control scarlatina. Entertaining these views, fifteen years ago I adopted the following course of practice, viz.: to moderate the increased state of the nervous system, in the beginning of the affection. Blood-letting is believed to be the most prompt and powerful agent we possess; consequently it is premised in preference to everything else. I allow the formative stage to go on, favored with draughts of sage tea, without interrupting it with emetic, cathartic, or anything else, when there is spontaneous vomiting; and when there is not, it is encouraged by ipecac. Wait for the febrile paroxysm to take place, which opportunity is embraced to take blood, after which I commence with small doses of belladonna, so as slightly to affect the nervous system, and maintain this state with as much regularity as possible, giving no other medicine, except occasionally castor oil, restricting the patient to the most bland farinaceous diet possible, together with sponging the surface.

The fact that children of the most lively susceptibility are the most common victims to this affection, favors these premises, viz.: that the danger depends mostly upon the elevated state of the sensibility in the commencement; and to moderate this elevated state, without too much prostrating the vital powers, is the most reasonable practice. For this purpose I have never found anything to supersede belladonna, and from the experience I have had with it, I believe it absolutely to control the affection, when skilfully given, in season, and to effectually prevent cancer. Tobacco operates upon the same principle in curing croup, when early given; and that every inflammation is relieved and brought to a resolution by the same principles, is too well known to need further remarks. It is rather difficult, to be sure, to bleed small children; but I always open a vein when deeming it necessary to take blood, believing that I am far short of my duty if I neglect it.

It is thought that any stimulant, however slight, aggravates this affection most sensibly, and ought to be forbidden. Opium is decidedly objected to, being too stimulating in its first operation. I have known children in this affection to fall into a collapse, so soon after taking a

small dose of Dover's powder, as to favor the conclusion that it was the result of the powder. Calomel is objected to because its after operation is too stimulating and liable to affect the glands and increase the swelling about the neck. Tart. ant. is objected to when given so as to nauseate the stomach, because it is liable to prostrate too rapidly.

Conclusion.—Scarlatina being a self-limited affection, does not require alterative treatment, but rather a moderating one. DANIEL GILBERT.
April, 1842.

MEDICAL ENCOURAGEMENT OF QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE recently seen, in several of the medical journals, some just strictures upon the clerical encouragement of quackery, and should be pleased to see it copied into the religious journals, that it might be brought more immediately under the consideration of those more particularly concerned. I suppose there is not a member of the medical profession who will not admit the justness of those strictures. My object in this communication is to discover to them the beam in their own eye. It is a matter of much regret, among the members of the dental profession (I speak particularly with regard to the South and West), to see the facility with which our quacks receive the influence and certificates of even our most reputable physicians. The greatest quacks I have met with in our profession, have had the largest piles of certificates from M.D.'s. How often have I seen sets of teeth entirely ruined by injudicious operations, which have been afterwards referred to in the following manner—"Our family physician recommended him, and we supposed he ought to have known his qualifications." The family physician is the natural adviser on such occasions. Yet how few physicians are fully capable of giving a correct opinion, except where time has fully tested the operations. Their studies have seldom been directed to that point, it being left to those who make that branch their sole pursuit. The recuperative powers of the system are such as to correct much that is erroneous in the practice of medicine; but so low are these powers in the teeth, that in dental surgery an unskilful operation is a permanent injury. It is not every operation that looks well, or remains for six or twelve months, that has preserved the tooth or restored the organ. How frequently does it occur that a physician will see a tooth inserted which looks admirably, and for which the operator is indebted to the manufacturer; or see a cavity closed with a metallic paste which soon hardens, and conclude that all is right, and straightway give a flaming certificate recommending "all who wish their teeth preserved to call on Dr. —, who is eminently qualified, both scientifically and practically, as a surgeon dentist," when perhaps a month previous the same cobbler might have been found on his bench, without a higher ambition than to mend the *understandings* of his neighbors; but now, emboldened by the distinguished success of his brother tinker, aspires to be called doctor and fill his pockets from the credulity and gullibility of the community.

I know an individual who was a short time since, if he is not now, offering his services with the certificate and influence of some of our most respectable western professors, in the use of that abominable amalgam of silver and mercury. I am also acquainted with several cases where mere tyros or empirics have come to the West and South with highly commendatory letters from some of the most distinguished eastern professors, whose knowledge of their qualifications must have been meagre indeed; or in some instances they may have supposed that the medical diplomas conferred fully qualified them for the discharge of every profession. I would by no means disparage the advantages of a good medical education; but to rely upon a common medical education for the practice of dental surgery, is as absurd as to rely upon a common collegiate education for the practice of medicine. Both are good substratums, but equally insufficient in themselves.

It may then be asked, "upon what evidence shall a physician rely in commending the services of a dentist to his friends?" I would answer, rely upon the same evidence as in commending the services of a medical man, either a diploma from some responsible institution, or the knowledge of his long and *generally* successful practice. Although we have yet but few diplomas extant from our young College, yet we have an association embracing most of those eminent in our profession, which is not only willing, but anxious, to extend its diploma of membership to all who will give sufficient evidence of merit. In this manner, with the generous assistance of our medical brethren, we hope soon to place a just distinction between true merit and quackery—a result most devoutly to be wished for in every department of science.

E. TAYLOR.

Natchez, Missi., March 31st, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 27, 1842.

DEATH OF DR. DOANE.

No physician in Boston, in any period of its history, has passed through the phases of professional life, from beginning to end, with more true success than the late lamented Dr. George B. Doane, whose death was announced in the Journal last week. To a well-cultivated mind, and the most exact deportment of a gentleman, he added, in an eminent degree, a kindness of manner, and a sympathy in the very expression of his face for those whose misfortunes obliged them to consult him, that made him truly the beloved physician. Dr. Doane was unobtrusive, yet vigilant and active in the sphere where he achieved a reputation for being the friend of the friendless, and an almoner of the poor. He was careful not to interfere with the rights of his medical brethren—nor was it ever said of him that he indulged a prejudice or gratified a jealous disposition, by underrating the attainments or powers of any one whose popularity might at some future period interfere with his own schemes

of ambition. This is the sunken shoal on which many physicians are wrecked. Jealousy, subjoined to an impetuous, fault-finding temper, that never allows the unhappy possessor to discern a redeeming trait of character in an inoffensive rival, whether in science, literature or social neighborhood intercourse, is the rock on which many a practitioner is dashed in pieces; and yet, when he finds himself bereft, as he assuredly will in the sequel, of such friends as can only be procured by the conscientious exercise of the law of forbearance—by doing as one would be done by—he marvels at the ungenerous treatment of the world, and hates those who would have aided him, had they not been driven off in disgust by his own determined acts of persevering ill treatment. Dr. Doane's life will bear inspection now he is dead. No person speaks ill of him—for it could not be done with a single ray of truth. Those who strictly copy his uniform course, both with the sick and the well, will secure the respect of the community while they live, and the influence of a well-spent life will not die with them.

*Homœopathy and its kindred Delusions.**—When Mr. Ticknor, the publisher, sent us the little book with this title, he conferred a favor, as we had been assured that the author, alike celebrated for ready wit, a good song, and candid investigation, had accomplished a desirable task. The short of the matter is this: some time the past winter, Dr. Holmes delivered two lectures before the Boston Society for the Diffusion of Useful Knowledge, which were exceedingly popular, and now they are sent abroad in the form of a compact, good-sized 12mo., of seventy-two pages, the price of which is only twenty-five cents. These lectures were not designed exclusively for medical readers, as may have been supposed; but are adapted to the tastes of all sensible people, who love instruction mingled with innocent amusement. Even Hahnemann himself, the grand lama of the order of homœopathists, might doubt the efficacy of his own pellicles after reading these essays. Fully believing that an extensive circulation would bring back a multitude of respectable ladies and gentlemen to their senses, who are now under the influence of a spell that has actually made them ridiculous even in the sober estimation of those who medicate them so genteelly under the talismanic name of homœopathy, the book is respectfully recommended to the patronage of the honest well-wishers of humanity. There are many worthy, but superficial-thinking homœopathic practitioners, who are full in the faith, yet never stop to reason upon the *rationale* of the specific action of the infinitesimal potions which they prescribe; and there are also many, it is apprehended, who are depredators upon the unreflecting public, having neither conscience nor skill. Determined to profit by the credulity of the age, and the innate disposition of mankind to be wheedled out of their hard earnings, their ready money, their landed estates, and their credit and health, they grow fat while their patients become lean.

Insects of Massachusetts.—By direction of the Legislature of Massachusetts, somewhere about the year 1836, several gentlemen, of supposed qualifications, were appointed to examine the natural history of the State.

* *Homœopathy and its kindred Delusions*; two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By Oliver Wendell Holmes, M.D. Boston: Wm. D. Ticknor. 12mo. Pp. 72. 1842.

In the series of reports, there are some stupid efforts at display, in which there is neither originality, learning nor discovery. But that on the insects of Massachusetts, injurious to vegetation, is a charming undertaking, that delights the reader, while he is permanently benefited by the study. We allude to the report by Thaddeus William Harris, M.D., of Cambridge, a son of that excellent man and distinguished divine, Thaddeus Mason Harris, D.D., whose death was recently announced. In the multitude of things which come rolling in from day to day, that require to be read in order to keep pace with the current science of the times, in which we are necessarily engaged, this work by Dr. Harris has been too long overlooked. We would atone for this apparent neglect, by presenting its claims to the immediate attention of all our medical friends who are at all interested in the invigorating pursuits of horticulture, or, in a broader sense, are practical farmers. The personal history which Dr. Harris gives of the little insects that prey upon our fruits, our flowers, vines, and trees—aye, and that bite or sting us too, is related with a simplicity and exactness that make him one of the most interesting writers in the country. The beauty of his descriptions does not consist in an interminable catalogue of names for a bug, that would load an elephant; nor does he make such prodigious efforts to show that no one knows anything about entomology but himself, as to exhibit a vanity that is sickening, and a pugnacity disgusting to a well-bred scholar. No division of the far-famed Library of Useful Knowledge is any better or more captivatingly written than this work by Dr. Harris. But, let it be remembered, the whole, consisting of four hundred and fifty large-sized octavo pages, expressly relates to the "*Insects of Massachusetts injurious to Vegetation.*" Should Dr. Harris never print another book, his name would be preserved on the cover of this, with the reputation of a close student, a patient, philosophical observer, a critical, learned, industrious naturalist, who has left but little for the future entomologists of the Commonwealth to accomplish. Foreign as these observations may at first appear, from the legitimate pursuits of our Journal, it is gratifying to bear testimony, in this public manner, to the distinguished scientific attainments of a physician of Massachusetts, who exhibits in his onward progress the verity of an old proverb, that industry shall not go unrewarded.

Medicine and Surgery in Cities.—Those who know but little about the difficulties attending an introduction to practice in cities, altogether overrate the incomes of the most successful surgeons and physicians. The supposition is, that they acquire great fortunes with rapidity. It is a mistake; great fortunes are rarely acquired by the ordinary course of professional industry. Even if a large property is ultimately collected in this manner, the individual seldom lives long to enjoy its advantages. There are many collateral routes to a competency, which professional gentlemen sometimes avail themselves of, that are less arduous than the ordinary routine of business. Three or four persons in all large cities, with perhaps a few exceptions, monopolize the most valuable patronage—and it will always be so. It follows, therefore, that a majority of that large body of physicians who establish themselves in such places, lead lives of anxiety and hope deferred, and suffer from a multitude of petty grievances and real troubles unknown to the independent practitioner of the country. Because the city is overstocked with them, it is by no means an evidence

that they are all profitably employed. Very large companies of the disappointed ones, excellent and meritorious in all the relations of life, linger away their days in hoping to make up for lost time by-and-by, who would secure an ample livelihood in the interior. Some have not the tact of applying their knowledge to the good of society—a misfortune instinctively discovered by the people, and which it is useless for them to contend against. *Over acting*, and *not acting*, are the extremes that mar the prospects of very many city physicians. Those in the country are in less bondage than the brotherhood in town; the first, in one sense, is his own man, the latter every body's man.

Quebec Marine Hospital.—By looking at an advertisement on the last page, the particulars of the scheme of a summer course of lectures, worthy of the attention of students, will be found. The advantages in the hospital are of the highest order; and with regard to the faculty, we have no hesitation in saying that they are entitled to the perfect respect and confidence of all who may visit the institution. There is another advantage not to be lost sight of, viz., the acquisition of the French language. Even the residence of one lecture term would give the student a facility in the pronunciation, at least, if not in reading medical authors in that tongue, that would be invaluable to them in after life.

Mechanical Dentistry.—It may seem like favoritism to notice particularly the mechanical ingenuity of any one dentist in Boston, to the neglect of the rest, since they have uniformly, as a profession, sustained themselves with an enviable distinction, and they are acknowledged not to have been excelled by those of any other city. We were led to this remark by having had a favorable opportunity of examining a specimen of the dental ingenuity of Mr. Willard W. Codman, an operative dentist at No. 20 La Grange place, which fully equals the original, for the loss of which he has manufactured a substitute. Entire confidence may be reposed in the competency of Mr. Codman to accomplish, in an elegant and durable manner, the various contrivances of the art of dentistry. For several successive years he was employed by Drs. Harwood and Tucker, who tolerate no second-rate workmanship.

Ophthalmic Surgery.—Dr. William C. Wallace, of New York, attached to the professorial department of the Castleton Medical College, is now in Vermont, and while delivering his regular series of lectures on ophthalmic surgery, will operate on the various diseases of the eye, requiring surgical treatment. He is familiar with the organ in all respects, both as an anatomist and a successful operator, and we hope those suffering from any malady of the eye, in that section of Vermont where he is lecturing, will avail themselves of Dr. Wallace's profound attainments and skill.

A Man without Arms.—At Harrington's Museum, in this city, there is a man on exhibition, the singularity of whose appearance, without arms, strikes the visiter with strange sensations. But being minus the upper extremities does not by any means constitute the whole curiosity

of the show. He uses his toes with just about as much facility as common people do their fingers, and far more industriously than some make-weights in society, since he earns his own living. Mr. Nellis, the unfortunate individual, now about 22 years of age, is a native of Pennsylvania, and, thus far, has succeeded in obtaining an honest income by exhibiting himself. This is perfectly justifiable, since there is no other mode by which he could procure the necessaries of life. With his toes, surprising as it may appear, he readily *handles* a pair of scissors, shaves himself, writes, and, to crown the list of improbabilities, performs delightfully on the accordion! This is only another evidence, in the long chain of proofs that might be adduced, to show the extraordinary capabilities of certain muscles, when regularly trained to the performance of vicarious labor.

In connection with this anomaly, it occurs to us that we saw a stranger at the Worcester depot, a while since, a remarkably tall man, who had a large, well-developed hand projecting from the top of either shoulder. The arm of one hand was apparently not far from six inches long, the other being considerably shorter; yet the wrists were of the usual dimensions. To use either hand, he was obliged to stoop down or edge up to whatever object the hand was to be used upon. The defect, in this case, was exceedingly striking.

Columbia College.—With a copy of Dr. Miller's address to the graduates of the medical department, last month, came a list of those who received degrees, which we have already published. The address itself is exceedingly interesting and worthy of extensive circulation.

Treatment of Club-foot.—The surgical treatment of congenital club-foot, says M. Guérin, of Paris, ought to comprehend the section of the tendons of those muscles whose retraction causes the pathological form of the foot:—when the heel is elevated, the tendo-Achilles; when the foot is turned on its external edge, the tibialis-anticus; when on its internal, the anterior-peroneus, and the whole or part of the extensors of the toes; for forced adduction of the foot, the tibialis posticus; for abduction, the peronic laterales; for curvature of its internal edge, the adductor of the great toe; for extension or permanent flexion of the toes, the section of the tendons of the corresponding muscles; and finally, the simultaneous section of the tendons of those muscles whose simultaneousness of retraction causes the different combinations of form which club-foot presents. The mechanical or consecutive treatment of club-foot ought to rest on the same data; that is, we should employ apparatus, the centres of which ought to answer to the centres of motion of the displaced articulations, and whose efforts should act in a direction exactly opposed to the action of the retracted muscles.—*Dublin Journal.*

Cramp in the Stomach. By ROBERT GRAHAM, Surgeon.—About eight or nine years since I had a patient in Glasgow, a married lady, about 30 years of age. She had had a large family previous to my acquaintance with her, but had for many years been subject to violent attacks of cramp in the stomach; on account of which I was first called to see her, and at

which time I thought she would have died. I need not enumerate the antispasmodics which were used at that time; having then and subsequently tried all those recommended for the complaint, without being able to say that I had even succeeded in checking the spasm for the time. It seemed eventually to wear off of itself. I had bled her, which gave relief for once; but it was followed by such weakness, that when called to witness another attack two or three days after, I dared not repeat it.

The thought, by-and-by, crossed my mind, that I could produce a counter spasm; so I took a strong tumbler, and with a bit of lighted paper applied it as a cupping-glass over the stomach, when almost immediately I had the satisfaction of hearing my patient, who could not speak a moment before, exclaim, "the pain is gone." Since that time it has invariably been a source of relief with her when attacked; and I do not recollect of its ever failing, if a large cupping-glass was applied firmly once or twice over the part.—*London Lancet.*

Hæmorrhage from the Extraction of a Tooth.—Dr. Mantell states that in a case of profuse hæmorrhage from the extraction of a loose tooth, in a child seven years of age, after all other methods had failed, and a fatal termination was expected, constant pressure was effected by a gold plate accurately adapted to the gum, by a dentist, and the bleeding was effectually suppressed. The means specified by Mr. Roberts, in the 22d No. of the *Lancet*, had previously been had recourse to with but temporary effect. A paste of plaster of Paris placed on the gum in a soft state, afforded upon its consolidation a firm compression, and the hæmorrhage was controlled for several hours; but on taking food the application was loosened, and the bleeding returned. The young lady, the subject of these remarks, had been suffering from purpura hæmorrhagica; and on a previous occasion alarming hæmorrhage had followed the accidental removal of a loose tooth.—*Ibid.*

MARRIED.—At New York, J. W. Bradshaw, M.D., to Miss M. Haight.

DIED.—In New York, Dr. Zebulon W. Seaman, 54.—On shipboard, two days out from Savannah, bound to Havre on account of ill health, Ezekiel W. Leach, M.D., of Boston.

Number of deaths in Boston for the week ending April 23, 59.—Males, 30; Females, 29. Stillborn, 4. Of consumption, 13—scarlet fever, 9—lung fever, 5—convulsions, 1—teething, 1—inflammation of the bowels, 2—erysipelas, 1—debility, 1—diarrhœa, 1—sta, 4—typhus fever, 2—old age, 2—chicken pox, 1—smallpox, 1—inflammation of the brain, 2—accidental, 1—burn, 1—dropsy, 1—catarrhal fever, 1—mortification, 1—tumor, 1—apoplexy, 2—stoppage in the bowels, 1—pleurisy, 1—disease of the kidney, 1.

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EMMETT ENMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$30. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

AL37—tO

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, *Central Depot, No. 11 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homoeopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—c3wly

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-foot, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increases its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city an eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Sunday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAN. A. SEWELL, M.R.C.
JNO. RACY, M.D.E.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.
Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.
Institutes of Medicine, by SAMUEL JACKSON, M.D.
Materia Medica and Therapeutics, by JOHN BELL, M.D.
Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.
Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.
Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. FORTNELL JOHNSTON, M.D.
January 8th, 1842. M 2—2m W. E. HORNER, Secretary.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 13.

TREATMENT OF MESENTERIC GLANDULAR AFFECTIONS.

BY DR. CHARLES CLAY, MANCHESTER.

UNDER the name of marasmus, and as an affection of childhood, diseased mesenteric glands are very common, almost daily coming under the notice of medical practitioners, *particularly in manufacturing districts*, where laxity of fibre and much constitutional debility prevail, and where the habit, diet, &c. contribute considerably to its encouragement. But as a disease of puberty or adult growth, comparatively little is known; yet it is certain that a disease strictly analogous to the marasmus of childhood is very prevalent, much more so, indeed, than is generally admitted, and annually carries off many whose deaths are often attributed to very different causes, even in other than manufacturing districts. Three-fourths of the common cases of atrophy are attributable to glandular obstruction only. From the many cases that I have observed during twenty years' practice, and in the treatment of which I have been engaged, a few practical observations with respect to it may not be unacceptable, particularly as there are few cases that call forth more patience from the medical attendant, and certainly none that are productive of greater disappointment, rendering it in the highest degree necessary to make a correct diagnosis, which, having been made, a long and steady perseverance in remedial measures is to be pursued. I say a long and steady perseverance, because the nature of the case particularly requires it, not only on the part of the medical attendant, but also of the patient. In all cases of long-continued disease there is an aptness to run from one practitioner to another, vainly seeking that immediate relief which cannot possibly be given. If a correct diagnosis be once formed, and the slightest benefit obtained, every confidence should be placed in the party, and perseverance should be the motto of the invalid.

The treatment of mesenteric affections is so often confounded with that of atrophy from other causes, that great errors have arisen, which it is the more necessary to point out. No gland can be enlarged or indurated by disease without obstructing the operations of nature, for which those glands were especially formed; it is evident, therefore, when such indurations are ascertained to have taken place, our attempts at relief should be directed to the chief cause of mischief. Where glandular obstructions exist, it is evident that the quantity of chyle must be limited in proportion to the extent of diseased structure, and in the same proportion the system suffers from emaciation, not receiving the supply of

nutriment sufficient to maintain the system in its former healthy state; consequently, this disease is found in every stage, from the slightest obstruction to the entire obliteration of the glandular action; no chyle poured into the blood, the system is emaciated in the extreme; the limbs or parts most distant from the centre of circulation become cedematous, and death immediately follows.

If, then, glandular obstruction be the diagnosis, what is to be done? This leads me to make a remark or two on some of the general axioms of treatment pursued in such cases, with a view to point out their errors, and substitute a plan that the writer has often pursued with considerable advantage.

Dr. Thomas observes, "That in all cases of atrophy the patient should make use of food that is nutritive and easy of digestion, and it should be taken *frequently*, but in small quantities at a time." I fully agree with him as to the kind of food, but maintain that to feed an atrophic patient *frequently* is a very mischievous doctrine, calculated to increase rather than lessen the evil: that the whole of the alimentary canal is much deranged in atrophic cases is certain, and the greatest caution is required in the selection of such food as will not require too great an effort for the digestive function; but for that organ to be continually stimulated by constantly taking food is decidedly injurious, the stomach requiring rest from its usual operations as much as any other organ in the body. The repose of the digestive function is necessary to the well-being of an invalid, and in none more so than in atrophic cases, when it is evident, however much chyme may be formed, no more chyle can pass into the system (in consequence of the indurated glands), if the patient be eating every hour in the day, or if only allowed to indulge three times in twenty-four hours; there can be then no advantage in debilitating digestion by frequent meals, whilst the disadvantages must be apparent to every one on the slightest reflection, viz., it increases general debility, and prevents the due operation of medicine calculated to resolve the existing indurations, and consequent obstruction in the mesenteric glands. Impaired digestive function is the consequence, *and not the cause*, of the prevailing disease in this case. The real disease should be primarily attacked with the necessary caution of not impairing the powers of digestion further; it will then be evident that all those symptoms necessarily arising from such causes must give way as the cause which provoked them vanishes. The too frequent exhibition of, and too much dependence on, powerful tonics, appears to me contrary to the diagnosis of mesenteric glandular affections, for it must be useless to waste time in the endeavor to improve the function of the stomach by tonic medicines, which, though considerably impaired, *is capable of digesting more food* than can be converted into chyle. The symptoms of indigestion we so often find as attendants of glandular obstruction, are often increased to a very considerable degree by the ill-advised and constant taking-food system.

Very many cases of this description are treated in respect to the miseries of indigestion, whilst the glandular affection is either totally lost sight of, or treated merely as a secondary matter of minor importance, whereas

the very reverse ought to be pursued. The constant stimulus kept up by tonics, in an emaciated system (extremely sensitive and easily excited), counteracts every effort at reducing glandular induration; and this is rendered still more injurious by wines and other stimulating drinks which have been recommended. Such a mode of treatment might be adopted in the common forms of scrofula with less objection than in mesenteric affections, but I must confess *even in those* I never perceived stimulants attended with any good effect. In atrophic cases, however, they are highly pernicious, although they are esteemed by some as scrofulous affections. When oedema takes place, diuretics have been advised; but as this feature is one pointing out the inevitably fatal termination of the case, such means can only hasten the event, being only another drain on the already debilitated system, without adding anything to the supply. Should any means adopted prove successful in restoring the glands to a healthy action by resolving the existing induration and restoring them to their original size, then there can be no mistake in the exhibition of tonics, freely adopting every means for restoring the physical powers of the system.

The treatment which I have found most effectual, and which I do not advance on mere theory, but from twenty years' close observation, is the use of a medicine that is generally allowed to be almost a specific in diseases of the glandular system, and that in doses so small as not to excite the disturbance of the digestive organs, combining such means with milder tonics just sufficient to keep the system from sinking any lower, without any anxiety for increasing the physical powers, until the indurated glands may have been restored; under such circumstances I commence by giving the following:—R. Tincture of iodine, gts. xxx.; Fowler's solution of arsenic, gts. xxv.; infusion of Colombo or gentian, $\frac{3}{4}$ vi. M. Let one-sixth be taken three times a day.

As it sometimes happens that the solution of arsenic produces pains in the head, I occasionally omit it in the mixture for the space of two or three days, after which it is resumed. By persevering some time steadily with this mixture, I have found the worst cases much ameliorated, and life considerably lengthened, whilst many have been entirely restored to health; but as glandular resolution is of itself an extremely slow process, so it requires both perseverance and confidence on the part of the invalid, and great patience from the medical attendant. It is also necessary in the progress of cure to affect the system very slightly with mercury once or twice, and in some cases of extensive disease of long standing even three times with great advantage, by which means the absorbent vessels are stimulated into freer action, and the effects of the iodine seem to be improved by it. When it is requisite to give mercury, I prefer affecting the system as rapidly as possible by very small doses of calomel very often repeated, as—R. Calomel, grs. ij.; crumb of bread, enough to make twenty-four pills. Take one every hour until the mouth is affected.

The advantage in this is, that the desired effect is frequently produced within twenty-four hours, when the iodine mixture can be resumed (which it is necessary to omit while the effect is being produced). This plan;

if strictly attended to, is one that I can recommend with confidence as a safe and effectual one, applicable to every case of glandular induration, and unsuccessful only in cases too long neglected, where the action of the glands is almost entirely obliterated. The diet should be strictly such as to afford the greatest quantum of nourishment with the least possible exertion of the stomach, to be well masticated, mixed with as little fluid as possible (with the exception of milk), and particularly to avoid those of a highly stimulating character, such as wines, spirits, and fermented liquors: to let a space of at least six hours elapse between taking food, and even then the stomach should not be overloaded. These rules are imperative to the well-being of the patient. Exercise should be of the gentlest description; why horse exercise should be so highly spoken of by many, I cannot conceive; in many instances I have seen it the very reverse of gentle; only fancy a weak, emaciated female tugging at the reins, and urging forward a stupid, rough-paced animal with an exertion highly injurious; unless the adviser would go farther and say the kind of horse he recommends, he might as well send his patient to the treadmill: unless, then, the horse is a very suitable one, I am convinced the patient would progress better without such exercise. Where it can be procured, and weather permitting, an airing in an open carriage, or a gentle walk, is to be preferred; if, on the contrary, the weather is unfit, a swing rocking horse, or exercising chair, are very good substitutes; the mind to be kept cheerful, free from extraordinary excitements, occupied rather on pleasant trifles than on subjects requiring reflection. The atrophic cases of manufacturing districts, however, have but little comfort at command; still I have seen many restored under almost every disadvantage, and am anxious the plan should have a more general application, that its merit may be fully and fairly tested.—*London Lancet*.

TOBACCO IN HYSTERIA.

BY DR. J. H. THOMPSON, OF SALEM, N. J.

August 19, 1839.—Frances S., æt. 22, unmarried, dark complexion, black hair, moderate embonpoint, about the ordinary height, after having performed an almost incredible day's work, while her clothes were literally "soaked" with perspiration, sat down, with her bare feet resting upon a cold pavement, and continued in this situation for half an hour or more, until she began to "feel strangely," and as if something was "rising in her throat." She walked into the house and was immediately attacked with violent hysterical convulsions. I saw her at eight o'clock, P. M., about an hour after the attack. She was then upon a bed, surrounded by a number of persons, who, as usual, appeared to think the convulsions could be arrested by *main force*, since their utmost efforts had been directed to the injudicious and unsuccessful attempt of preventing any motion on the part of the patient. Her arms were thrown violently in every direction; her head was forced backward, and with the body formed a complete arch. The muscles of the neck and trunk were under rigid tonic contraction, while those of the lower extremities were not at all

affected. The face was swelled; the eyes firmly closed; jaws could be opened with difficulty, but were quickly closed with a loud "snap." Some abortive attempts were made to introduce medicine into her stomach; her feet were placed in stimulating pediluvia, and cold applications were made to the head, which was extremely hot. No impression had been produced upon the disease. I tied up her arms, and made a free opening into the vein, from which the blood flowed in a large stream. No regard was paid to mere quantity, its effects alone were considered. In a short time the convulsive motions ceased; the face began to lose the dark flush which had overspread it; the muscular system gradually relaxed, and the first intelligible words spoken by the patient since the attack were, "I feel sick." About forty ounces of blood had been abstracted.

20. Patient slept a little last night. Feels this morning, to use her own expression, "as if every bone had been broken, and every joint dislocated." Says the catamenia appeared a week ago, and were as usual. Bowels were operated upon by enemata. Still feels the globus hystericus occasionally in a slight degree. Antispasmodics freely administered during the day. At about the same hour as on the preceding day the patient was again attacked. Assafoetida, 3j. with 60 gtt. of tinct. opii, were given in enema, and repeated two or three times without effect. Pulse strong; vein again opened; with the loss of twenty ounces of blood, the convulsions ceased.

These attacks occurred at the same hour the three following days, notwithstanding the liberal use of almost the whole list of antispasmodics, and other remedies, amongst which quinine was given, as the disease appeared to have assumed a periodical character. The convulsions appeared to increase in violence; they lasted for several hours, and left the patient in an extremely exhausted condition. During the attack her countenance was so altered in appearance and expression that her most intimate friend could not have recognized her. Her throat was the seat of chief distress; desperate and continual efforts were made, as if to tear away something which was choking her. A distressing "clucking" noise was made, as if the glottis was spasmodically opened and closed. Under these circumstances I determined to make trial of the powers of tobacco. On the next attack some leaves were procured. One was placed for a few minutes in hot water, and then spread over the epigastric region of the patient. In fifteen minutes the hysterical symptoms had all disappeared. The patient felt sick, and continued so for some time, but did not vomit. At the usual hour on the following day, and also on the day after, she was again seized, but on both occasions the attack was arrested *in limine*, by the tobacco, and returned no more. No other means were employed. The patient slowly returned to her former state of health.

This is but a solitary instance of the use of tobacco in one of the Proctean forms of this disease, and I am by no means disposed to place much reliance upon isolated cases. The facts are given as they occurred. It will be for future experience to confirm the efficacy of the remedy, or to reject it as unworthy of confidence in this disease.—*Amer. Jour. of Med. Sciences.*

DR. MILLER'S ADDRESS.

[We alluded, last week, to the address by Thomas Miller, M.D., of Washington, to the graduates of the medical department of the Columbian College. Two extracts from it are given below, on subjects not unworthy the attention of all medical practitioners. The remarks possess additional interest, as coming from one who has had long experience and enjoys a well-earned reputation in his profession.]

In visiting your patients, the course of tenderness and delicacy towards them, of which I have already spoken, should be observed in the first place. But there are some other duties, which require your special attention, both while in the sick-room, and after you have left it, which are of infinite importance. You enter the sick-room as gentlemen. No gentleman requires to be told how he should enter a room. The agitation and flurry of your patient, consequent on your visit, having subsided, proceed to examine, with care, into the case; and do this rather with the view to inform yourself of its real nature, than to impress him and those around you with an idea of your greatness, skill and importance. Do not pursue your examination further than is absolutely necessary for the understanding of the case; at the same time, do not make up your mind as to its character, till you are perfectly satisfied. During your visit, let your conduct be cheerful; you should neither evince levity, nor be austere, or too reserved in your manner; for, as I have said, manners have a most controlling influence on the minds of patients. Having satisfied yourself of every particular in the case (trusting nothing to the statements of others, particularly relative to the secretions), uninfluenced by the suggestions of those who surround you, and who are ever ready to volunteer their opinions, make your prescriptions and give your instructions in a concise, clear, and distinct manner—in writing, if possible. A neglect of this particularity often leads to the grossest blunders; an instance of which recently occurred to a medical friend of mine, in which the patient, not understanding the directions, actually swallowed a suppository of soap and opium. You are all, I have no doubt, familiar with the story of the lady who had the leeches designed for her epigastrium nicely fried and stewed, and then ate them. Let me advise you, also, to be particular in instructing your patient how the medicines you may order him should be taken. A disregard of this will cause him much perplexity; and possibly you may find him, upon repeating your visit, seated in a “wheelbarrow,” swallowing the portion ordered to be taken in “any convenient vehicle,” this being the most convenient. Inform the attendant of the manner in which you design your medicine to act; then leave your patient impressed with the belief of his speedy recovery. Never express an opinion of your patient's case, unless circumstances (such as approaching death, and desire for consultation) render it necessary. But when called on for your opinion of the patient, by those who have a right to be informed of his condition, give it plainly, candidly, and in such terms as will neither confuse the listener, nor render your language liable to be misunderstood. Where obscurity in the case exists, state this; for if you give a positive state-

ment, relative to the condition of your patient, and that statement afterwards turns out to be inaccurate, your reputation will suffer. * * *

Besides the attention which I have advised you should devote to your mere professional studies, you should not neglect, entirely, general literature; this forms a material part of the education of every professional man. Without some knowledge of general literature, you prove but a dull and uninteresting companion to your unprofessional friends. Some portion of your time, then, should be devoted to polite literature, to history, and to the understanding of the interests and institutions of your own country; and while you are in the pursuit of knowledge, and practise in your profession, bear in mind that a portion of your time should be set apart to holier pursuits. The study and practice of morality and religion become and are as much the duty of the professional man as any other in society. How consoling does it prove to a practitioner of physic, when he can conscientiously bend his knee at the bed-side of a dying patient, and ask aid from that source from which, at last, we only can have hope, to restore the sick, or smooth the path of the dying; to ask a blessing on our remedies, or, in the language of a celebrated professor: "When the vegetable, animal and mineral kingdoms have failed, appeal to the Author of all good, the high and mighty God; and when with his will they have failed to cure or alleviate pain, to implore him to take to his bosom the soul of our friend."

Gentlemen, an awful responsibility rests upon us when we are negligent of our religious duties. Where so much power is placed, and where so much benefit can arise from our exertions, we are highly culpable to neglect them. I must not be understood as asserting that our profession, as a profession, is destitute of this high and holy feeling: far from it, the popular opinion to the contrary notwithstanding. I here assert that there is as much pure, holy, and religious feeling among its members, as is to be found in any other class of men. When I urge upon you the propriety of religion, I do not mean that outward show, that boasted parade of piety, which savors, at least, of hypocrisy more than of true religion. I mean a pure and more holy feeling; one that actuates you to be just and true in all your dealings; to love your neighbor as yourself; to do unto others as you would they should do unto you; to attend divine worship, but not with the view of being called out in the height of the services, when the eyes of the whole congregation are upon you; nor to remain longer on your knees than any one else; nor to make your responses louder than any one else; nor to wear the religion on your back, nor on your countenance: these are mere mockeries, and are deservedly denounced by the truly pious, as the offspring of designing hypocrisy, and have given rise to the well-known assertion, that doctors become religious from mere interest.* Religion, such as I have represented it, is not incompatible with any duty of a physician; on the contrary, it heightens the value of his character. Nor does it interfere with his social engagements; it only tempers them. No mind is capable of enduring continuously the pursuits and objects of a professional man. He, therefore, like other men, requires, when he is

* It is said that the fees and honor of Dr. Fothergill, of London, was worth £2000 per year to him.

allowed to enjoy it, relaxation and ease. How should (I should rather say how *can*) a medical man enjoy relaxation? Men have different methods of being amused. I can only say, that the way in which a medical man may abstract himself from his profession, must depend much on his peculiar taste. I shall only point out, in part, how he should *not* employ his time of relaxation. In the first place he should avoid such pursuits as would interfere with his duties as a physician and a christian; and he should never enter so assiduously and earnestly into any unprofessional employment, as to give him either a distaste for his profession, or cause him to resume its duties with a feeling of irksomeness. The great source of evil, in any pursuit of life, particularly of the young, is the social board; with its bewitching effects it wins him from his studies, then from his patients, and lastly it weds him to itself. By its fascinations it soon entraps him, entwining itself around him, strangles and turns him adrift, conscious only of his total wreck and destruction. This is an imperceptible effect of the convivial life of youth; therefore avoid it. In the country another evil existed, at one time, which was equally destructive to the young medical man, as any other. It was the habit, arising out of the hospitality of the people, of inducing their professional friends to drink, whenever they called, whether professionally or not. If cold, he was invited to drink to warm him. If warm, he drank to cool him, &c. And thus did the unconscious victim pass his days, till overtaken by a habit—a fixed habit—which left nothing of the once promising youth, but a wretched and miserable wreck. I have witnessed the effect of this custom, when a boy; and was much disgusted when I saw the aged and once talented and respected doctor, who had been sent for to visit a patient, taken from his horse to be sobered before he could prescribe.

These are the two sources of ordinary indulgence in pleasure. At first, innocent pleasure; it leads you to the social board, or to visit your hospitable friends in the country; and in a few years it causes the once bright and promising doctor, the ornament of his circle, the courted and admired, to become a miserable outcast. But the danger to youth from intemperance is daily becoming less. Thanks to the philanthropist of the present age, the march of temperance, like that of intellect, is keeping pace with experience and wisdom. The custom, once so rife, of treating our friends, is now almost unknown. A drunkard is now rarely seen; the moral reform has made such rapid strides, that he who, but a few years since, was viewed as a hero—as an example worth imitating—is now not considered a fit companion for gentlemen. A two-bottle man is now seldom heard of among gentlemen. May this prove a growing and a lasting effect of the efforts in the great cause of temperance. And it will as long as it can number among its advocates the ablest statesmen, divines, physicians and lawyers, whose precepts as well as example are daily diffused, and held up to the community at large; not confined to district or town, but extending far and wide, unconfined to country, to nation or language. You have your part to act in this great moral reform; and I feel assured that I shall not urge you in vain to contribute your share to the amelioration of suffering humanity—to lend your aid to the consummation of this great and desirable end.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FRACTURES OF THIGH.—1. A stout, healthy young seaman, aged 21, fell through the hatchway of a vessel about ten feet, striking his right thigh across the kelson, the 28th February, and fracturing the bone. No apparatus was applied, and he was brought to the Hospital the 1st of March. On examination, the right femur was found to be fractured just above the middle in an oblique direction. By a measurement made between the anterior superior spinous process of the ilium and the upper edge of the patella, the injured limb was three quarters of an inch the shortest. The apparatus of Desault, which has been described in a former article, was applied, with marked relief, as is usual in these cases, to the pain from the splintered fragments of bone penetrating the muscles. Between the time of the first application of the apparatus and the 22d of March, the splints, &c. were occasionally removed, and the limb bathed in spirit. On this last day, quite firm union was found to have taken place, and there existed some power of motion. On the 29th of March, he was able to walk with crutches, and to-day, April 19, he walks quite well about the ward, with the aid of a cane. The limb is not perceptibly shortened.

2. An Irish porter, aged 25, dragging a hand-cart containing two casks of wine, slipped and fell upon his face; the casks rolled forward, one of them striking upon the back of left thigh. He was brought immediately to the Hospital, March 25. A transverse fracture of the middle of left femur was diagnosed. The limb, measured as in the preceding case, was three quarters of an inch shorter, the foot everted, the muscular part of the thigh much flattened and spread. The same treatment was pursued as in the previous case, and on the 18th of April the union of the fractured portions was quite strong, and the apparatus was omitted.

The point worthy of note in these two cases, is the speedy union. Boyer gives forty days for children, fifty for adults, and sixty for old people, as the time necessary to continue the apparatus, and before which consolidation will be still imperfect. Both of our cases were adults; and in the first, twenty-two days, and in the second, twenty-four, or less than half the given time, were sufficient for a fortunate result; and our first patient was on his feet within thirty days.

Fracture of Humerus.—March 23d. A stout man, aged 39, was yesterday run over by a hand rail car containing seven men. The vehicle passed over the right upper arm. Splints, &c. were applied by a neighboring physician. At entrance the arm was exceedingly swollen from the shoulder to the wrist. Crepitus was very easily distinguished, and the humerus appeared fractured very obliquely at about its middle. Measuring from acromion to olecranon, the injured arm was an inch the shorter. The swelling of the arm was too great to allow of the continuance of the splints, and it was therefore laid upon a pillow, and leeches and cold applied to it.

April 5. The swelling was sufficiently reduced to allow of the appli-

cation of splints; in consequence of the great mobility of the broken fragments, the usual short splints would have been insufficient to preserve a continued coaptation of the two portions. Two long splints were therefore applied, extending the one from the acromion to the back of wrist, and the other from the axilla to the palm of hand. The external bandages were then agglutinated by dextrine, and the arm laid upon a pillow.

There exists in the public generally, and even among physicians to some extent, a supposition that a fracture should be immediately done up in splints—a supposition, we need hardly say, perfectly unfounded. In this case the broken arm lay twelve days upon a pillow, without any applications except those addressed to the resolution of the tumefaction consequent upon the violence of the injury; and to-day, April 22, everything appears advancing to a favorable termination.

Fracture of Arm from Gun-shot Wound.—April 7th. A young man, aged 19, stout, and of good constitution, though addicted to irregular habits, shooting in the harbor, received the charge of his gun in his right arm, while holding it by the muzzle in his right hand.—Complete paralysis, both of motion and sensation, immediately followed; the former was recovered after the lapse of an hour, and the latter in about fifteen minutes, accompanied with considerable pain, which has continued since. Hemorrhage was small. The accident happened at 9½ A. M., and he arrived at the Hospital about 2½ P. M.; during part of which time he had been exposed in an open boat. He was seen by a surgeon, who arranged his arm in splints for the purpose of his more easy transport.

When first seen he appeared considerably prostrated. Pulse 60, feeble; hands and feet cold. On examination of the arm, the ball in its passage appeared to have grazed along the palm of the hand, forming a furrowed wound two inches in length and about half an inch in depth; and then to have entered the arm on its anterior face, an inch and a half above the bend of the elbow, and to have passed out on its posterior face at two and a half inches above the olecranon. Both the orifices were circular, but the one where the ball had entered was, contrary to the usually-received opinion, the larger—a circumstance perhaps due to the close proximity of the gun to the arm. The bone was fractured, probably comminuted, but the artery was untouched, as both the ulnar and radial arteries could be felt at the wrist. The arm was laid upon a pillow, and the application of cloths dipped in laudanum directed; he was directed a teaspoonful of sherry wine every quarter of an hour, till sufficient re-action, which occurred after about four doses. After the re-action, there was considerable pain in the wound, with some spasmodic twitchings, and he was ordered laudanum, fifty drops every half hour till relief. Since then his progress has been most satisfactory. During a few days he had opium and camphor sufficient to keep him free from pain; the arm has been continued upon the pillow, and a rice poultice applied over the wounds. The sloughs have separated kindly. There has been some oedematous swelling of the fore-arm and hand, in consequence of the arrest of circulation in the lymphatics, either by the swelling about the wound, or by the division of their main trunks by the ball. This latter

is the more probable, as the tumefaction appeared very shortly after the accident. Everything now is going on most satisfactorily.

It may be remarked that a case like this, in the usual practice of European army surgeons, would have been made the subject of amputation. The decision of this question would be a matter of considerable importance in a case like the present—a young man in the prime of life, wounded in his right arm.

Strangulated Hernia. Operation without opening the Sac.—April 10th. A stout, healthy sailor, aged 32, was admitted with strangulated inguinal hernia of the right side. After the failure of the taxis and the other usual remedies, the operation was decided upon. It was performed without opening the sac, and by the division of the internal pillar of the external ring. The intestines were returned without difficulty. The relief was instantaneous; and the patient has continued since without a single unpleasant symptom. This method of operating, offering such a probability of escaping the risk of peritoneal inflammation, may always be tried at first, and if relief be not obtained, the opening of the sac can be done with as much chance of success as if the other attempt had not been made.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 4, 1842.

DEATH OF DR. LEACH.

WHEN the melancholy intelligence was announced that Dr. Ezekiel W. Leach had died at sea, at the very commencement of a voyage that seemed to promise a restoration to health, it made a deep and solemn impression on the minds of those who knew him most intimately. His was a bright light, which was beginning to be seen at a distance: his capacity for professional business, together with a nice sense of the responsibilities of a physician, marked him out for usefulness and distinction, had his life been spared. Although Dr. Leach had studied, within the last few years, a particular department (the surgical treatment of hernia), with a view to being qualified for all emergencies in that difficult kind of practice, he by no means neglected the pursuits or studies of a general practitioner. The members of those families which were his patrons, were exceedingly attached to him on account of the attentions and uniform kindness which marked his intercourse with them. He was a close observer, and strictly a practical man. Very many articles have appeared in this Journal, from year to year, which were from his pen, and which show him to have been not only a ready writer, but also deeply interested in the progress of medical science. At the early age of 30 he sunk under the influence of that destroying angel of New England—pulmonary consumption. To an afflicted family we tender our heart-felt sympathies. If his children are taught the virtues of their father, and practise upon his precepts when they become actors in the busy world, they will live respected, and die lamented.

Pennsylvania Hospital for the Insane.—A report from this Institution for the year 1841, with a sketch of its buildings and organization, accompanied by a superb engraving of the establishment, has been made by Dr. Kirkbride, the medical superintendent of the Institution. There seems to be nothing wanting in the buildings which could be either a convenience or a comfort in the management of a large number of insane people. From the physician's statement, it is apparent that order reigns throughout, and the whole machinery of an admirably-devised mammoth edifice moves with exact precision. In the year 1841, 103 males and 73 females were admitted. At the close of the pamphlet are various tabular records, showing the ages of patients at the time of their admission; occupation of males and females; numbers married and single; the nativity, residence, and causes of insanity, of very many inmates. Then follows a series of modest tables, quite unpretending in their appearance, showing the age at which insanity first appeared in 176 persons; the forms of the disease for which these were admitted; and the duration of the malady at the period of their admission. There are some other points that might be noticed with commendation, but presuming the pamphlet has circulated extensively we have not thought it worth while to be too particular. Dr. Kirkbride is evidently conscientiously devoted to the faithful discharge of all the duties appertaining to his responsible office.

Naval Medical Corps.—An anonymous author has published, at Baltimore, a pamphlet of twenty-two pages, with the following title:—"An Exposition of the unjust and injurious relations of the U. S. Naval Medical Corps, by a member." The inference, after reading it, is, that the author has not been promoted as he thinks he deserves to be. He generalizes upon the hardships of a naval surgeon, and complains of the position he holds on shipboard, as though he had been wronged out of an inheritance. The cry of the horse-leech, *give, give, give*, is heard in every line of the exposition. A little more pay, a little more of nothing to do, and a little more of that official rank which some men covet, and this long chapter of complaints would never have been called into being. That the author understands applying the unction of flattery to the Secretary of the Navy, is quite manifest—for we can almost see it trickle down the skirts of his garments; but the artillery is turned towards the wrong battery. If there are real grievances, why not have them properly laid before Congress? According to our estimate, the naval surgeons are altogether in an enviable position, compared with those of the U. S. Army. The latter are doomed to drudgery, with few or none of those pleasant and happy changes in climate or scenery, which mark the medical course in the navy. Besides, from what we have heard from the lips of several members of the naval medical staff themselves, in by-gone days, it is certain that as far as they were individually concerned, they considered themselves admirably provided for by Government. Very many things might be bettered in the service, beyond all doubt; but the corps, as a body, are viewed with envious eyes by whole scores of land doctors. And finally, if any one, or the whole of them, are dissatisfied, a commission can be thrown up in a twinkling. The reformation most needed in the naval medical service is more appointments, so that no one shall necessarily be obliged to be kept too long on a foreign station.

After all, there are two sides to a story, and we regret extremely that

the complainant, who shows himself a writer of no mean literary attainments, has not given his name, and stated some facts more tangible than are those in the pamphlet, that if possible more exact justice might be meted out.

Malformation of the Shoulders.—Last week some observations were made on the general condition of Mr. Nellis, the man without arms, with reference to the power acquired by the toes in the performance of motions that would at first seem impossible to be accomplished by any other means than the fingers. Another opportunity has occurred for a re-examination; and it may possibly subserve the interest of some anatomist or physiologist, if we give the following continuation of last week's notice.

In consequence of being destitute of arms, there not being a single vestige of an arm-bone connected with the shoulder-blades, a peculiar control from early infancy has been acquired over the muscles of the mouth, altogether new and surprising. It reminds one of Lamarck's notion of the manner in which animals obtained their forms—from the operation of the force of desire. The elephant, for example, had a short neck, and having a strong desire to clip the tender grass at his feet or the foliage above his head, kept on desiring from age to age, till finally the upper lip was actually elongated into the now characteristic trunk, dragging the nose in its long train. So it would be, were the doctrine true, in regard to the armless descendants of Mr. Nellis, should there be any; the period would arrive when the lips must take the form of a proboscis!

A new labor devolves upon all the facial muscles, and especially upon those about the forehead. This is observable in holding on the hat, throwing it off, and so on. A spinal disease put a stop to Mr. Nellis's growth in his thirteenth year, and he only measures four feet five inches, and weighs but eighty-four pounds. Yet he is quite strong, especially with the teeth and jaws. A fifty-six is easily raised and thrown some feet, by the teeth, which are large, sound, and well set. Singular as it may appear, in infancy he managed to creep about as well as other children. There is a peculiarity in his vision, worth the special attention of philosophical visitors. It is this: although the most delicate cuttings in paper are executed by the toes, which necessarily removes the work to a considerable distance from the eyes, his vision at the point of the scissors is minutely distinct. This, like the training of the muscles of the lips and feet, was established by the law of necessity;—nature accommodated the organ to the circumstances of the individual. Objects, such as a book, placed at the usual focal distance, soon produce a painful sensation.

One of the anatomical singularities in Mr. Nellis's organization, is that there are no rudimentary arms. The glenoid cavities are, apparently, completely formed, feeling under the finger as though the ball of the humerus were but just slipped aside. The acromion processes jut out boldly, like a protecting roof, on both sides, and on them, as on two projecting hooks, is hung his coat. All the muscles of the scapula are perfectly developed, and he has such perfect control over them too, that he can throw off a coat or re-adjust a garment to its proper place, about as readily as people who have hands.

These few facts in relation to the actual condition of the unfortunate individual to whom they relate, may be of use hereafter to the physiologist. At all events, it would be quite inexcusable not to notice an

anomaly so striking. Mr. Nellis says that he cannot imagine any use for a pair of arms, and therefore manifests no regrets that he is without them.

Weekly Cliniques.—In other places besides New York, these convocations of the lame, halt and blind, are becoming convenient for medical students, if not popular with the general public. Even at the Castleton Medical College, in Vermont, the record shows an increasing attention to the weekly cliniques. Here is a catalogue of several meetings, taken from the paper of that town.

Saturday, 26th March.—1 strabismus convergens—operation. 1 do. divergens—operation. 1 amaurosis.

Saturday, 2d April.—1 case hare lip—operation. 1 do. strabismus convergens—operation. 1 do. do. divergens—operation. 1 do. steatomatous tumor on forehead—operation.

Saturday, 9th April.—1 case obstructed lachrymal duct—operation. 1 do. staphyloma of the iris. 1 do. tumor of the upper lip—operation.

Saturday, 16th April.—1 case strabismus convergens—operation. 1 do. obstructed lachrymal duct—operation. 1 do ptosis. 1 do. hernia iridis. 1 do. closure of pupil and amaurosis. 1 do. eversion of lower eyelid. 1 do. pterygium—operation. 1 do. cataract—operation, division.

Medical Circular in Kentucky.—A State Medical Convention met at Frankfort in January, 1841, and adopted a constitution, elected officers, &c., and resolved to meet again in January, 1842. But some how their zeal cooled down to zero before the appointed day arrived, so that no quorum could be formed for business. However, with becoming enterprise, 'quorum or no quorum, a few distinguished medical gentlemen organized themselves, chose a chairman and secretary, and then listened to some spirited resolves—one of which was this—"That the interests of the medical profession and of the public in general, would be promoted by the establishment of a board of examining physicians, who shall meet annually for the purpose of conferring diplomas on all candidates who may be found worthy on a rigorous examination." Dr. Duke read a paper on medical education. The circular letter is full of good suggestions for the government and respectability of the profession in Kentucky. At the first meeting in 1841, between sixty and seventy physicians came together, ready to act up to all laws and regulations of a State society; but in just twelve calendar months, although the whole were notified, throughout the Commonwealth, "not more than a dozen," says the address, mournfully, came together. The meeting, therefore, was adjourned, *sine die*. Drs. M. L. Linton, J. M. Duke, J. Bennet and J. Burnet, who signed the circular, plead forcibly with their delinquent brethren, but if their ardor lost its latent heat in one year, in the cause of medical character, honor and respectability, they are not to be re-collected at Frankfort without some stronger inducement.

Journal of Dental Science.—A correspondent requests the facts touching the American Journal and Library of Dental Science. It is published under the auspices of the American Society of Dental Surgeons, at Baltimore, quarterly (price \$5 per year in advance), by Messrs. Armstrong and

Berry. The editors are Chapin A. Harris, M.D., of Baltimore, and Solyman Brown, M.D., of New York—and a meritorious, deserving work it is, which should receive the hearty patronage of the brotherhood throughout the country.

Medical Miscellany.—Dr. Fergusson is now the acting governor of Liberia.—Widow Ruth Lincoln died on the 27th ult. at Mansfield, Mass., at the age of 101 years, 9 months and 18 days.—Eight hundred barrels of castor oil were manufactured at St. Louis, Missouri, last year.—We have been told, says the Newburyport Herald, that persons sent, at the public expense, to the State Hospital for the Insane, when found to be incurable are returned to the towns from whence they were taken, there to remain in almshouses and jails.—Eighty-five persons have graduated at the Philadelphia College of Pharmacy, since its organization in 1821.—Three hundred and sixty-three students attended the late course of lectures, says the N. Y. Lancet, in the University of Pennsylvania.—Dr. Westmacott, of New York, advertises that he proposes to devote a considerable portion of his time to the delineation of healthy and morbid specimens. He instructs medical pupils in this useful business on Tuesdays and Thursdays, at \$20 per quarter.—Over sixty medical students were matriculated at the Castleton Medical College, Vt., says the paper of that place. The lecture season has opened, therefore, favorably.—Messrs. Carey & Hart, of Philadelphia, have in press Quain's celebrated anatomical plates, with notes and additions by Dr. Pancoast, of Jefferson Medical College.—Dr. Chadbourne, of Concord, N. H., is writing, in the Courier of that town, some terse articles on animal magnetism—which must make its sapient professors there wince under the severity of his logic.—No. 7 of the Guardian of Health, published at Baltimore, is received.—Dr. Charles B. Gibson, of Baltimore, performed an operation for osteo-sarcoma of the lower jaw, a week or two since, on a colored man, which is greatly commended for its success.—Mr. Paul Couch, who died at Newburyport, March 19th, took to his chamber with a disease of the spine, October, 1812, from which he did not in a single instance cross the threshold, till carried out dead.—The Shakers of Enfield and Canterbury, N. H., have given five hundred dollars to the Insane Hospital in that State—a generous expression of sympathy that redounds to the lasting credit of the Society.—Dr. T. L. Smith is Surgeon of the Frigate Congress, about going to sea from Portsmouth, N. H.—A new edition of Cooper's Surgical Dictionary is preparing by Dr. Reese.—A suggestion is made in a foreign Journal that *creosote* is mixed with whiskey, to give it, what is called by gin-drinkers, the *peat-reek* flavor. If true, the effects on health must be fearful.

MARRIED,—In Boston, Dr. R. W. Newell, to Miss A. C. Colman.

DIED,—At North Bridgton, Me., Dr. Samuel Farnsworth.

Number of deaths in Boston for the week ending April 30, 32.—Males, 14; Females, 18. Stillborn, 3.
Of consumption, 10—accidental, 1—typhus fever, 1—diarrhoea, 1—dropsy in the head, 1—hooping cough, 1—sudden, 1—scarlet fever, 6—inflammation of the bowels, 1—dropsy on the brain, 3—intemperance, 1—smallpox, 1—old age, 1—measles, 1—child-bed, 1—decline, 1.

MASSACHUSETTS MEDICAL SOCIETY.

The Censors of the Society and First Medical District will meet at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, the 19th of May, at 4 o'clock, P. M.
My 4—tm

JOHN JEFFRIES, Secretary of Censors.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
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Jy 28—copy

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D. 1.—6m

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8—copy

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Suckney & Dexter, Lancaster; J. B. Abbott, Boacawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBENEZER ENMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al. 37—10

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-foot, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, MAY 11, 1842.

No. 14.

IODIDE OF POTASSIUM IN OPHTHALMIC DISEASES.

BY ISAAC PARRISH, M.D., ONE OF THE SURGEONS TO THE WILLS HOSPITAL.

THE value of the iodide of potassium, as a remedy in certain diseases of the eye which have a constitutional origin, or are closely allied to a scrofulous or cachectic condition of the general system, is beginning to attract attention. During a recent term of service at the Wills Hospital, an opportunity occurred to me of employing the remedy in some cases of this description; and, although the number of patients was too limited to warrant a general conclusion as to its powers, yet the results were so striking and satisfactory, as to create a strong impression in its favor, especially when viewed in connection with the concurrent testimony of others.

If this article could be safely employed as a substitute for mercury in many diseases of the eye, in which we have been accustomed to rely upon that potent medicine; or, if it will produce a strong alterative impression, in cases where an enfeebled or irritable condition of the constitution renders a resort to mercury hazardous, it will constitute a most valuable auxiliary in the treatment of a numerous class of cases, which are exceedingly difficult of cure.

The dose in which we administered the article at the Wills Hospital, was from two to six grains, three times daily, in a table-spoonful of the compound syrup of sarsaparilla. The selection of the latter article as a vehicle for the iodide, was prompted by the experience at the Pennsylvania Hospital, and constitutes, perhaps, an important item in the treatment.

The two following cases have been prepared for publication, from notes furnished me by Dr. Hollingsworth, the resident physician of the Hospital. They are selected from several others, as presenting the most decided influence of the remedy under circumstances somewhat embarrassing.

Case.—Wm. Boyle, aged 23 years, was admitted into the Wills Hospital in the latter part of the eleventh month (Nov.) 1841, for granular ophthalmia. He had been suffering with inflamed eyes for four months prior to his admission, for which he had been treated on a rigid antiphlogistic plan, with the continued application of emollients to the eyes.

Soon after his entrance into the hospital the inflammation of the conjunctiva became more acute (probably from exposure in travelling); this was relieved by local depletion from the temples, cooling lotions, &c.;

after which solid sulphate of copper was applied to the inner surface of the lids; he was placed on a good diet; took syrup of the iodide of iron, chamomile decoction, &c., under which treatment the eyes rapidly improved. He soon after suffered from another relapse, attended with inflammation and ulceration of the cornea, severe circumorbital pain, with a feeble pulse, and pallid countenance, from which he was again in a great measure relieved, under the treatment of Dr. Hays. It was not long, however, before he was again seized more violently than before, and when I took charge of the wards, at the commencement of the present year, his condition was quite deplorable.

He was suffering from deep-seated pain in the head and around the orbit, aggravated at night, and preventing sleep, except under the influence of powerful anodynes; the eyes were highly injected, the sclerotic coat, cornea and iris being involved. He had photophobia to a great degree, and very little vision. The constitutional symptoms were equally discouraging. The pulse was feeble, skin cool and relaxed, and countenance dejected. Under the use of a pill, composed of a grain of sulphate of quinine, and half a grain of the extract of cicuta, three times daily, with counter-irritation to the nape of the neck, nutritious diet, &c., some amendment took place. This, however, was of short duration, all the symptoms returning with increased severity. In the early part of the second month (Feb.) erysipelas appeared around the eyelids, and rapidly extended over the face with alarming constitutional symptoms, as delirium, furred tongue, feeble and rapid pulse, &c. The carbonate of ammonia, in doses of five grains, was given with great advantage, together with beef-tea, oysters, &c. As the erysipelatous eruption declined, the pain in the head diminished, and the condition of the eyes improved, but still the circumorbital pain continued violent, especially at night. A slough was extending on the cornea of the right eye; great intolerance of light, with injection of the vessels of the conjunctiva and cornea, and contraction of the pupil still existed. The strength of the patient was exceedingly reduced; his appetite poor; expression of the countenance haggard and distressed; features contracted; skin relaxed and pallid; anodynes produced but little comfort; the stomach was irritable and rejected tonics, and I entertained strong fears that vision would be greatly impaired, if not lost, by the still active disease of the eyes. It was under these circumstances that the iodide of potassium was resorted to. It was first given in doses of two grains three times daily, in a tablespoonful of the compound syrup of sarsaparilla.

An improvement was manifest in less than forty-eight hours, which induced us to increase the dose to five grains.

Under this treatment the pain vanished in a short time, the patient slept soundly without anodynes, his strength and appetite rapidly improved, and for the first time since his admission he was unaffected by changes of weather.

The application of a solution of the nitrate of silver to the eyes, together with the improvement of the general symptoms, produced a corresponding change in the local inflammation; and when I left the house, his case was in every respect promising, but little doubt existing that he

would recover the use of his eyes. He was still taking the remedy in doses of six grains three times daily, and had not suffered from pain in the head since he commenced it.

The case of James Dougherty was in some respects analogous to the above. This man was admitted in tenth month (Oct.) 1841, for chronic conjunctivitis, which had existed for a considerable time. He complained of a steady dull pain in the side of the head, over the parietal bone, which extended at times over the scalp, and was often very acute. The pain was aggravated at night, was attended with excessive intolerance of light, and injection of the conjunctiva, sclerotic and cornea. The patient was greatly affected by changes of weather; slept but little even after anodynes, and labored under great constitutional irritation.

The local applications generally employed at the hospital in similar cases, were of no avail; nor did any treatment appear to produce permanent or decided benefit. The dull pain on the side of the scalp was constantly complained of, and the patient was afflicted with frequent paroxysms of the most acute suffering, which extended over the cranium, and around the orbits. After trying a great variety of remedies for more than two months, I was induced, from the success attending Boyle's case, to resort to the same remedy in this case. Three grains of the iodide of potassium were given three times daily in the syrup of sarsaparilla, and all other remedies laid aside. The change which ensued was surprising. In two or three days, the pain, which had been so constantly present for several months, was greatly alleviated, so that the patient was able to sleep without anodynes. The dose was now increased to five grains, under which the appetite improved, and the general health of the patient seemed to undergo a revolution. The pain disappeared altogether; the injection of the eyes and the intolerance of light were rapidly diminishing; and when I left the patient under the care of my successor, Dr. Fox, the prospect of his speedy recovery appeared very encouraging.

Remarks.—The most striking effect which the iodide appeared to produce in these cases, was its influence on the severe neuralgic pain, from which the patients had suffered so long and so intensely. The remedy seemed to put a period to this in a very short time, and the relief was permanent, placing the patient beyond the influence of those changes of temperature which so often induce or aggravate this peculiar affection. As a consequence of this immunity from suffering, tranquil sleep was enjoyed, the appetite and strength returned, and the local inflammation rapidly subsided.

The remedy was tried in several other cases of strumous inflammation of the eye, in all of which its effect was happy, except in one instance. That was the case of a young woman with scrofulous iritis, whose disease had resisted a great variety of treatment during several months, and in which I had strong hopes of effecting a change by the iodide. It produced in this instance severe vomiting and purging in doses of three grains, and could not be borne even in two-grain doses.

In the case of a young woman with scrofulous conjunctivitis, in which the cornea and iris were slightly involved, secondarily, I relied altogether.

on the iodide in five-grain doses, without any external applications, except a few leeches to the temple, in the commencement of the attack. The improvement in this case was much more rapid and steady than is usual in this form of disease.—*Med. Examiner.*

CASE OF DEATH FROM THOMSONISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If, on perusing the following case, you deem its publication will promote the interests of humanity or science, you are at liberty to insert it in your Journal. Yours truly, JOHN BUTTERFIELD, M.D.

Lowell, April 25th, 1842.

W. P., aged 31, was attacked, a few days ago, with erysipelas of the face. The disease is here very rarely fatal, and from the representations of his friends the onset was not severe. He was himself a firm Thomsonian, and accordingly sent for a quack of the same description. The doctor (?) immediately gave capsicum, &c.—in short, put him through a regular “course.” He grew daily worse; or, as his friends expressed it, “manifestly worse after every dose of medicine.” Still, the wise and honest quack told him, at every visit, that he was doing well, getting better, and the like. At length his dangerous state became so obvious, the brain becoming seriously affected, that another of these intuitive, ready-made sons of steam from Boston was called to consult with his *confrere*. He approved of all that had been done, only he thought *if the patient had been thoroughly steamed in the first place*, it would have been better. Accordingly, more fuel was added to the flame, but it would not quench it. He was steamed three times in twenty-four hours. Coma was succeeded by convulsions, which followed him most of one night.

Matters were now becoming serious indeed. The friends interfered, and the patient passed into the hands of the “regulars.” An able consultation decided that the case was hopeless. By judicious treatment his symptoms were somewhat ameliorated, but the powers of nature were too far exhausted for renovation—the disease had reached the brain, and progressed beyond the reach of remedies. He lingered a few days, and expired, another victim to base, unprincipled, ignorant quackery.

Autopsy, seventeen Hours after Death.—*Head*, membranes healthy; substance pinkish, and thickly dotted in its medullary portion on being cut, with points of blood. Medulla oblongata softened to nearly the consistence of thick cream. These were all the abnormal appearances observed in our necessarily hasty examination of the brain. *Lungs*, healthy, except melanotic spots upon the pulmonic pleuræ. *Heart*, mitral valves thickened. He had been under treatment for a disease of the heart a year ago. *Stomach*, the whole mucous membrane of a dull orange pink color, except a patch in the great *cul-de-sac*, about three inches square, which was of an intense red, and exhibited signs of the most violent inflammation. *Duodenum*, still more inflamed, if possible,

than this portion of the stomach. The mucous membrane had here a mammelated, almost a tuberculated appearance, besides the redness observed in the stomach. They both exhibited precisely the appearance we should, *a priori*, expect from the action of violent irritant poisons.

The examination was necessarily hurried, but enough was elicited to satisfy every one present, that the unfortunate patient died of the remedies, and not of the disease.

Thus perished, in the prime of manhood, a good citizen and a worthy man. Heaven knows that, in many diseases, there is enough of doubt and uncertainty among the most experienced and best informed of our profession. Our whole business is a constant warfare with death for mastery. I will not deny that we must sometimes strike at our enemy in the dark—nay, that we may possibly hasten the catastrophe we are so anxious to prevent; but I do say, that any man educated a *physician*, who will treat erysipelas in the manner above stated, deserves not only the condemnation of his brethren, but the execration of every honest man, if not the prison and the halter. In my view, the case was one of the *grossest mal-practice*, to call it by no harsher name. The conscientious steamer did not intend to kill his patient. What then? Is this any excuse? Shall human life be sacrificed by every ignorant pretender, who shall, by spending a few dollars for a paltry book and dubbing himself *doctor*, choose to prey upon a credulous community? If I should go into one of our mills, and, by starting some of the machinery about which I knew nothing, prove the death of a workman, shall I be excused, by God or man? The truth is, I had no business, no right to meddle with what I did not understand, where such momentous consequences might ensue. Neither has the quack a right to meddle with what, to him, is as incomprehensible as a steam engine to a Hottentot. He commits a criminal act every time he does so; and, though our wise laws protect him in his nefarious business, he will be held accountable, I believe, to a higher tribunal, to answer for his misdeeds.

Is it not the duty of the profession to do more than they have hitherto done, to expose and bring to naught the thousand and one forms of quackery with which our country is so rife? I know we are accused of selfishness in this matter—that it is said our purses suffer, and hence our zeal. Very well: let the charge come. We are able to bear it; besides, we have the consciousness of *knowing* that we are promoting, as far as in us lies, the best interests of humanity. I solemnly believe that quackery *increases* instead of diminishing our business, and I would oppose it on the same principle that I would intemperance.

Let our Journals speak out more frequently and more loudly upon this subject. Whenever a vaunted catholicon is trumpeted from Maine to Texas, let it be analyzed, if possible, and its humbuggery exposed. Whenever a graceless vagabond gives himself the title and assumes the duties of our profession, turn upon him, and strip him, like the jackdaw in the fable, of his borrowed plumes.

Finally, we ourselves have been too wary of our own knowledge. Let every physician, in his sphere, do what he can to enlighten the people amongst whom he lives, upon a subject of the most vital importance

to them, viz., *themselves*. We may be assured that the more of intelligence there is, and the better the mass of the people understand the complexity of their own systems, the less will they be disposed to encourage and tolerate pretension or quackery in any of its forms.

TRIUMPHS OF TENOTOMY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The notices which have appeared in your Journal, of successful operations performed by Dr. John B. Brown, for the cure of club-feet, induced me to place a little son, afflicted with this infirmity, under his care. I did it after much hesitation and deep anxiety, lest the lad might be subjected to pain, and myself to expense, without a cure. Testimony from some responsible, disinterested person, such as I can now give, would have been exceedingly valuable to me, and I therefore suppose mine may be to others who are in the same state of doubt and anxiety in relation to what they ought to do for their afflicted children.

Dr. Brown does not need my assistance or recommendation. Though under much obligation to him for his kindness to my son, in many ways expressed, and for the cure he has performed on very reasonable terms, I do not write this for his benefit, but for those who are deformed or have deformed children, and are ignorant or doubtful in relation to the fact that they can be easily and quickly cured.

The case of my child did not differ materially from other cases of club-feet seen every day. The whole limb, from the hip downward, was turned inward so as to bring the knee-pan (excuse my omission of your anatomical nomenclature) and the toes of the foot in the direction of the other leg. By a retraction of some of the tendons, and too great laxness of others, the foot was turned over, the heel drawn up as far as it could be, so that it had not the appearance of a heel; all the bones in the instep were out of their proper position, and in the ankle there was none but a side-way motion. When he began to stand, the side or outer ankle was upon the floor, and the sole was nearly behind. From his birth I had his foot kept as much of the time as was possible in its normal position, and when he began to walk I had him furnished with a boot that not only turned the sole upon the floor, but forced the whole limb around into its proper direction, with the knee-pan and toes a little out. By compelling him to walk in this way, and to sleep in the boot as much of the time as he could endure it—for it was quite painful—I hoped the cords, kept thus continually extended, would become sufficiently lax to suffer the bones of the foot to remain in their places. But after six years of effort and expense on the part of his parents, and much suffering on his part, there was not the least improvement. As soon as the constraining apparatus was taken off, we had nothing but a deformed club-foot.

He was about six years of age when I brought him to Dr. Brown. Respecting the treatment of the case, I need to say nothing, except that the surgical operation occasioned no more pain than the prick of a pin or the opening of a vein with a lancet. After the heel-cord had been sepa-

rated for a few weeks, it was necessary to part two others on the instep, and after a time others; but after the first operation, the lad had so little fear or dread of another, that he requested me to let him see it done, and while the operation was performing he looked on as attentively as the operator, without wincing—not because he is insensible to pain, or has uncommon fortitude, but simply because the tendons having no sensibility the cutting of them did not hurt him. The cords being severed, the foot was placed in a boot very ingeniously constructed, so as to bring a slight pressure upon the protruding points, and at the same time turn the whole foot and limb towards their proper position by such slow degrees as to occasion no suffering. In a very few days the boy was walking, much better than he had ever done before, and for the first time without any pain; and since that time he has continued to improve slowly. The process of recovery must necessarily be slow. Now, after about twenty months, there is nothing in his gait nor in the appearance of his limb to indicate that he was ever deformed, except that it is much less in size than the other. But as it is rapidly developing, the disparity in this respect will soon disappear. For a thousand times the amount the cure has cost, I would not have had him grow up with the deformity, because I have seen in other instances the inconvenience and the suffering which it occasions.

If this meets the eye of any person who is afflicted in the way my son was, or the eye of parents who have children thus deformed, my object will be accomplished if it induces them to go, without delay, fear or doubt, to Dr. Brown for a cure. It is cruelty, of which no parent ought to be guilty, to suffer a child to grow up with such a deformity, when a cure can be obtained at so cheap a rate as it can now be; and it is almost equal cruelty to effect a cure, as in some instances has been done, by machinery alone, extending the cords by force, and crowding the bones into their places against the action of the tendons. By relieving the contracted tendons, and then, with proper apparatus, gently and slowly pressing the protruding parts into their places, and inclining the limb or member to its proper place and direction by degrees, a cure can be effected with less than an hundredth part the suffering that will result from either of the other courses.

I mention the name of Dr. Brown as the proper person to call upon, because I have seen the patients of four surgeons of three different cities, and none of them except Dr. B.'s had apparatus at all suited to the purpose. Some were suffering severe pain from theirs, some will derive no benefit from the operation, and I have seen but one that will probably be cured; and that because, being an infant, it has the hand of its nurse for a boot to keep it in its place. Any surgeon can separate the cords well enough; but the cure depends more upon the machinery that is afterwards used, than all things else. I have reason to presume that there is none in the country to be compared with that invented and used by Dr. Brown.

Yours, &c.

Saratoga Springs, N. Y., April, 1842.

CHAUNCEY EDDY.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

BURN—Erysipelas—Pneumonia and Pleuritis—Death.—December 22, 1841. An old woman, æt. 75, entered the Hospital for a burn of the right arm about seven inches in length, extending above and below the elbow and involving about two thirds of the circumference of the arm. The cutis had sloughed away for about two and a half inches, and the same process was advancing in the remainder of the wound. Simple cataplasms were employed till the separation of the sloughs, and the ulcers were then dressed with powdered slippery elm bark; and by the 4th of February the cicatrization was complete, with the exception of a couple of spots, each about the size of a cent.

About the 7th of March she had a slight attack of erythema, consisting of some inflammation, with tenderness of the newly-formed skin. This was dissipated by simple remedies, and she regained her former good condition. On the 24th of March, however, she had a second attack. The skin of arm became red, swollen and painful, with several vesications at different points. This continued, the ulcers increased in size by an absorption of their edges, and the erysipelas gradually extended, till by the 14th of April it had gained the shoulder and spread quite down the back to the loins on the right side, whence it spread quite on to the left side. The pulse during all this time was between 80 and 90, and there was no very decided fever, but a great appearance of debility.

On the morning of the 14th she was attacked with an acute pain in the left side, aggravated by a long inspiration. The respiration was hurried, and the pulse rose to 112. Throughout the lower half of left back percussion gave a flatter sound than on the right; and auscultation showed the respiratory murmur to be much less audible. Six leeches were applied to the affected side, to be followed by a blister, and if no relief, hot fomentations.

No relief was obtained by these means. The pleurisy, indicated by the above signs, rational and physical, continued to increase. The flatness on percussion, and the absence of the respiratory sound on the left side, became complete, and cegophony was heard at the lower angle of the scapula. With these symptoms she sunk gradually, and died April 20th, the sixth day after the attack of the pain in the side.

On examination of the body, there were old cellular adhesions of the right lung to the thoracic parietes, evidently of a very ancient date; the substance of the lung was perfectly healthy. On the left side there was an exudation of a considerable quantity of thick, flocculent lymph over the pleura of the lower lobe of the lung and that of the corresponding part of the thoracic wall, with an effusion of about eight ounces of clear, but high-colored serum. The substance of the lower lobe contained two distinct and separate portions, about the size of an egg each, of pneumonia advanced to the third stage, that of gray hepatization or purulent infiltration, the surrounding pulmonary tissue being considerably engorged, though still retaining its natural structure. The upper lobe was healthy.

The abdominal organs presented nothing abnormal. The sub-cutaneous cellular tissue of the right arm, where the erysipelas had existed, was rendered quite firm by the exudation of coagulable lymph into its cells, especially in the track of the brachial vessels.

In this case we have, what is not uncommon in old people laboring under any surgical disease, and especially erysipelas, the supervention of an inflammation of the lungs and pleura, proving rapidly fatal; without, however, any of the active inflammatory symptoms characterizing such a disease in a healthy individual, in whom such an amount of local lesion would be of comparatively slight importance.

MAL-PRACTICE IN SURGERY—FURTHER EXPLANATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We observe that your reference, in the Journal of the 9th of March, to the case of Wm. Smith, has drawn from Dr. Shipman an “explanation,” which seems to demand from us a passing notice. “Controversy,” with the author of that “explanation” we have none—have had none—and intend to have none; for, if we do not aim so high as to deem all beneath a “Teacher of Surgery” unworthy our attention, we can yet find those claiming to be members of the profession who are unworthy of honorable notice from honorable men. The “warfare” to which you alluded, has been, so far as we are concerned, a one-sided one. We were prosecuted for mal-practice, Wm. Smith being a *nominal* plaintiff, as we were abundantly prepared to prove had the trial been prosecuted to its close;—the suit was withdrawn. Thus far has the “controversy” on our part extended. We have published no “pamphlets”—have sought or begged no favorable opinions from medical journals. We have never before written a word for publication, on the subject; and our only object now, is to “define our position,” by saying that we *engage in no “controversy”* with the author of that “explanation;” and to say, in relation to the case itself, that you was not misinformed by your “correspondent” of the 21st February. Smith was in the Poor-house, and *there in consequence of the condition of his limb*. He remained there about three months, during which time he did not probably average more than a third of a day’s work for a healthy man. *The limb is not now well*. It is now, or was within a fortnight of this date, in an ulcerated condition, and the patient himself said of it that it “never had been well and never would be;” though usually it is carefully kept from being seen by any but “special friends” or friends of special friends. There have been exfoliations of bone, also, since the removal of the “end” of the upper fragment of the tibia by Dr. S., and the patient himself is sometimes in the habit of exhibiting quite a handful (probably eight or ten in number) of spiculæ of bone which have been thus thrown off.

Cortlandville, N. Y., April 27, 1842.

Yours, &c.

GOODYEAR & HYDE.

TRICHINA SPIRALIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—One of my students discovered, last week, other specimens of this animalculum in the muscles of a pauper who had been twelve years in the Alms-house, lame from an ununited fracture of the neck of the thigh-bone, and who died after a few weeks' illness with pneumonia and meningeal apoplexy. Though much less numerous (perhaps 400 or 500 in the whole body), the animalculæ were observed in all the muscles usually mentioned as liable to be infested by them—even in the lumbricales, and those about pharynx. None were found in the muscles of the alimentary canal, or heart. They were so few in number that they would have escaped notice had not the attention been forcibly drawn to any abnormal appearance of the muscles, by the case I described a few weeks ago. Under the microscope the specimens seemed generally less perfect, more opaque, than those formerly described; and all the worms were dead. One of the cysts was seen in such a manner that I was convinced of the existence of two capsules (as Drs. Farre and Knox think), viz., one translucent, enclosing the animal; the other opaque, and probably the result of inflammation.

Whilst I am alluding to this subject, I would mention that in the last No. of the Archives Generales de Medicine, March, 1842, are the details of a case observed by Professor Bischoff, of Heildelberg, in March, 1840. The man was 71 years old, died of dropsy, and had the alimentary canal "filled with lumbrici."

Yours truly,

H. I. B.

May 11, 1842.

AMERICAN VEGETABLE PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have just been perusing a late No. of your Journal, containing an editorial notice of the above work, and as you have done me considerable injustice, though I presume not intentionally, I beg the privilege of saying a few words in reply.

You seem to think that I "entertain a terrible grudge against the fraternity of regular physicians;" but this, I assure you, is not the case, for I esteem the *honorable* and *enlightened* portion of the medical faculty very highly, and I am not aware that I have spoken of them unkindly, or in terms of severity. It is true, I have condemned their practice—believing, as I do, that bloodletting and the use of poisons is one of the greatest evils with which our country is at present afflicted—but this, I trust, will not be construed into an insult of the advocates of said practice. However much I may be abused or persecuted by the "fraternity of regular physicians"—and it is not long since they threatened to assassinate me in one of our southern cities for presuming to lecture upon *medical reform*—I shall treat them with due respect; and endeavor, so far as in me lies, to return good for evil.

You say that my work is destitute of originality, and intimate that the

greater portion of it is borrowed from established medical authors. If this is the case, I am surprised that you should have condemned it with so much severity, for if it is a mere transcript of works which have gone before it, it cannot be so utterly worthless as you would lead your readers to suppose. The plea of non-originality, however, should have come from some other source, for there is no class of authors in the world, who are guilty of such extensive and unblushing plagiarisms as those who write upon medicine. It is not long since a *medical professor* in New York was accused, in the columns of the New York Lancet, of having delivered a lecture as original which he took almost *verbatim et liberatim* from Southwood Smith's Physiology of Health; and Southwood Smith himself is a wholesale plagiarist, for I have detected almost entire pages in his works which he had taken from other writers, without any acknowledgment whatever. The same may be said of your dispensatories, works on *materia medica*, &c.; and those who are familiar with them, will not deny that whole pages are transferred from one work to another without the slightest credit. There is such a thing as straining at a gnat and swallowing a gate-post. In regard to myself, I have, as stated in my preface, availed myself of the usual authorities, where they could be of any service, but I have been careful, so far as I know, to give the necessary credit. Furthermore, whatever I may have quoted from medical authors, as common property, I am not indebted to them for the views which I have advanced in regard to the treatment of disease, which I consider the most essential part of the healing art.

You suggest that "a deep game is playing between Dr. Thomson and myself for a high stake." Here again you do me injustice, if you mean to convey the idea that I am connected with Dr. Thomson either directly or indirectly. As a *man* I despise him, particularly when he has done so much to injure me, both in a moral and pecuniary point of view; but I am free to say, *ignorant* and *illiterate* as he may be, in many respects, that he has introduced many salutary reforms into the healing art; and I thank God that I am not so warped by *bigotry* and *prejudice*, as not to appreciate any important discoveries which he may have made.

Speaking of myself and my work, you say—"We are persuaded he will be excessively chagrined, some half a dozen years hence, that he committed himself so grossly. With more light, which must break in upon him, this non-descript offspring will appear a mortifying memorial of immature judgment, and, perhaps, confessed ignorance."

Where is the "*light*" to come from, of which you speak? Certainly not from the cloisters of a college, the wards of your hospitals and alms-houses, nor the musty volumes which have been accumulating in your libraries since the days of Hippocrates. I have been in the habit of reading medical books, to a greater or less extent, for the last fifteen years, and for the last six or seven years I have made them my almost exclusive study, excepting when called away by practice; and I have found them, so far as it relates to the practice of medicine, a mass of absurdity and contradiction. No one author agrees with another, and you have almost as many theories as there are sands upon the sea-shore. I have attended lectures in your medical colleges, but the same midnight darkness prevailed there, which has been hovering over the world for the

last two thousand years. I have spent much time in your hospitals, and I have been pained and sickened to the soul, to see your patients lingering for months upon the bed of disease without deriving any benefit. The more "light" I receive, the more I am convinced that the medical faculty are "groveling and groping in the dark," as Dr. Millingen has expressed it; and so long as I succeed in curing maladies which the medical fraternity consider incurable—and that, too, by the use of agents which are free from poisonous properties—I shall not regard my work as a "mortifying memorial of immature judgment, or confessed ignorance." I have been too long familiar with the triumphs of the practice which I am endeavoring feebly to promulgate, to believe that your prophecy will be fulfilled. Nevertheless, my mind is open to conviction, and if convinced that I am in error, I will be the first to make the acknowledgment. You do me the compliment to remark, strangely enough, after condemning my book with so much bitterness, that I have "all the elements at command which would ultimately lead to usefulness and permanent distinction;" and I beg to assure you that it will be my pride, as well as ambition, to employ the feeble abilities which God has given me, in exposing medical *quackery* of every description—whether it be perpetrated under the mask of a diploma, or by those who do not claim to be *learned* and *scientific*.

You inquire what I know about midwifery, being an unmarried man. This is a singular question, when you are aware that many practitioners of the *old school*, in Boston, who still remain in a state of single blessedness, have an extensive midwifery practice. You also ask whether I dare pretend that I am a critical anatomist, meaning that this is an indispensable requisite in one who writes a guide for females. It is not for me to answer the question, but you yourself have said that my treatise on anatomy and physiology is "unobjectionable," and therefore it is to be presumed that I have a competent knowledge of the subject. But I would ask, in turn, whether the study of the pelvis, and other parts and organs concerned in parturition, is so difficult, that an individual, after attending several full courses of lectures on anatomy, and passing considerable time in the dissecting room, cannot become sufficiently familiar with it, to write a guide for females?

Furthermore, you say that this part of my work is "a congeries of scraps, picked up here and there," &c., and that "it will prove a blind guide to those who are about being mothers." If you read the work, you must have perceived, that I labored to show, by selections from standard medical authors, that parturition is a natural process, not necessarily requiring the aid of a physician—that the *examinations* which are so frequently made by medical men are not only revolting, but more injurious than beneficial—that the murderous instruments which are so much in vogue among physicians of the old school are an abomination, and frequently destroy both mother and child—and so on to the end of the chapter. With regard to treatment, however, I think you will find that I have not borrowed my ideas from your text-books; and whether my work be a "blind guide" or not, I have received the assurance of many "mothers," since it was published, that, by following its directions, they

have dispensed with their physicians and passed through labor with but little trouble or difficulty, whereas previously, their sufferings were extreme, and their lives almost a sacrifice.

Very respectfully yours,

Boston, April 29th, 1842.

M. MATTSON, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 11, 1842.

AZORES, OR WESTERN ISLANDS.

THESE beautiful islands, lying nearly midway between us and Europe, are about to become a place of great resort for invalids. They are well known to enjoy a most equable temperature throughout the year, and in some of them are cold and hot springs, far surpassing in medical virtues any in Europe. Dr. Buller, in his late work, has given highly valuable and interesting information respecting these islands, and considers them preferable to Madeira as a residence for invalids. The springs appear to be particularly beneficial in cases of rheumatism, affections of the digestive organs, and cutaneous diseases. Consumptive patients have received more benefit from a residence in the Azores than in Madeira. Good roads, in the larger islands, enable the visiter to enjoy the exercise of riding, which is not the case in Madeira. Few persons from this country have repaired to the Azores in search of health, in consequence of the rarity of opportunities for reaching the islands in comfortable vessels. This obstacle is now removed. The W. I. Steamers now regularly touch at Madeira, whence a superb vessel sails with the mails and passengers for Fayal and St. Michaels, and returns to Madeira. Many invalids have already availed themselves of this arrangement, and it is becoming common for such to pass a part of the year in Madeira, and the residue in the Azores. This appears to be in accordance with the advice given by Dr. Buller in his work. Madeira is in summer oppressively hot, while in the Azores the temperature is delightful; the winter is preferred for a residence in the former island.

The springs are of various kinds, impregnated with salts, iron, sulphur, &c.; they are gaseous and acidulous. The hot springs are sulphureous and chalybeate, and some of them similar to those of Baden. Bathing houses have been erected, and the water boiling up from the bowels of the earth is conducted into them. Dr. Buller states that the use of the waters has been of remarkable efficacy in dropsy and obesity, and their use in the disease of females has been attended with the happiest results.

Medical Controversies.—Nothing is more difficult than to reconcile two men who think themselves justified in perpetuating a feud. Miss Edgeworth relates an excellent story about a man and his wife, who quarrelled, and finally separated, because they could not agree concerning the length of a straw. In nearly all the misunderstandings that occur between medical practitioners, if properly weighed in the balance, by unprejudiced lookers-on, it will be found that the mountain difficulty, after all, is only about the length of a straw.

Notices have appeared, from time to time, in regard to the case of prosecution at Cortlandville, N. Y., for mal-practice in surgery. The bone of contention—the most of it, at least—is in the leg of one William Smith, a pauper—or no pauper, it is hard to determine which—in that village. The limb was fractured—and, before being restored to health, he seems to have fallen under the care of three surgeons, who, so far as we can learn, are skilful, well-instructed, experienced operators. The first two suggested that an amputation was necessary, but before the suggestion was acted upon, the patient placed himself in the hands of the other gentleman, who discovered no cause for making him minus a leg, and adopted measures to cure him with it on. Out of all this, and the circumstances connected with it, as nearly as we understand the matter, a prosecution was instituted against the former individuals for mismanagement of the limb. Before any decision was made by the jury, as to who was or who was not blameable, the suit was withdrawn, the surgeons returned to their ordinary pursuits, and Mr. Smith took up his quarters at the Almshouse.

In the memorable and far-famed trial for the possession of a certain oyster, of almost classical renown, the court ruled that the litigants might each have a shell; but the meat belonged to the lawyers who had so ably conducted the case. Who obtained the meat in this instance, is unknown to us—yet it is quite certain that the advocates and counsellors were not turned off with chaff. Suffice it to say, the case was dropped.

Aside, however, from all pleasantry, we will further state, that Dr. Shipman wrote us a letter a few weeks ago, which may be conveniently referred to at page 173, denying the assertion that Smith was in the Almshouse again on account of the limb, &c., as previously declared by another correspondent. The whole of Dr. Shipman's communication was published, because it appeared like a candid, satisfactory correction of an error which he considered of consequence to his professional reputation. But to-day appears a document from Drs. Goodyear and Hyde, that completely contradicts all that has been previously stated as true by Dr. Shipman. Both papers are now before the profession, and the reader must decide which of them is to be believed.

As this is probably the last time either party will have occasion to discuss their private griefs in this publication, we cannot omit saying that others besides ourselves deplore the existence and perpetuity of a difficulty that should be overcome by mutual concessions—for although both may honestly conceive themselves right, it is possible that both may be wrong. As already stated, we believe Dr. Shipman, and Drs. Goodyear and Hyde, are entitled to perfect respect and confidence, but they unfortunately cannot agree upon a certain point. We hope soon to hear that Mr. Smith has emigrated to Texas, beyond the ken of the belligerents; and that the gentlemen, who are spoken of in these remarks, esteem each other as we are assured they are esteemed where they reside. We shall always be happy to put in type their communications on subjects not connected with this matter; and in leaving it we respectfully offer them our good wishes for their individual happiness and future professional usefulness.

Improved Catheter.—At Mr. Metcalf's, in Tremont row, an improved catheter is now on sale, that is worthy of special examination. In the first place, the instrument is thoroughly wrought from the best of silver,

and finished well—an object of importance. Its chief improvement consists in being open at the extremity, instead of being perforated with small apertures, laterally, as in the common kind. But it would have been objectionable were it not for a peculiarity in the extremity of the piston—which enlarges into a bulb, filling the calibre of the tube, and presenting a smooth, polished surface externally, so that its introduction into the urethra is easy. When within the bladder, the rod is to be withdrawn, and then the full value of the contrivance is realized. Particles of sand, pus, &c., which could not flow out through the punctures of the ordinary instrument, come off with facility. To us these look like essential improvements. Those most interested in the management of catheters, should not forget to avail themselves of an opportunity of seeing it. The manufacturer is Mr. D. Smiley, Jr., of Peterboro', N. H.

Medical Appointment.—Samuel B. Woodward, M.D., the Superintendent and Physician of the Insane Hospital at Worcester, Mass., has been elected Superintendent and Physician of the great Insane Hospital at Utica, recently erected by the State of New York—the most perfect establishment for the management of lunatics in the world, and presumed to be the largest. We believe Dr. Woodward has not yet accepted the appointment.

Medical Miscellany.—The trial of Dr. Luzenburg, for mal-practice in surgery—tried for the third time at New Orleans, in a case where the damages were laid at \$25,000—has resulted in a verdict for the surgeon.—It is said that the most violent animal poisons, as that of venomous serpents, for example, have no effect on the hedgehog.—In the *Medico-Chirurgical Review*, Dr. Stewart's work on the Diseases of Children is spoken of as *the most complete and erudite work on the subject in the English language*, which is merited praise.—Mrs. Ruth Irons, who died last week at Hartwick, N. Y., at the age of 55, had suffered from dropsy for nine years; but within the last two years and a half, she was relieved occasionally by paracentesis abdominis—having had a few gallons over sixty barrels of water drawn off in that time, by Dr. Thrall.—Dr. Asa Gray, of New York, has been elected Professor of Natural History at Harvard College.—An epidemic erysipelas prevails in Pittsfield and some of the neighboring towns in the western part of Massachusetts.—Professor Espy has invented a plan that is highly spoken of for discharging foul air from the holds of ships.—Dr. Joseph Roby has received the appointment of Professor of Anatomy in the University of Maryland.

MARRIED,—In New York, Dr. L. Crowfoot, to Miss Sarah Stone.

DIED,—At West Randolph, Vt., Dr. John Edson, 66.

Number of deaths in Boston for the week ending May 7, 51.—Males, 29; Females, 22. Stillborn, 1.

Of consumption, 2—old age, 3—drowned, 13—scarlet fever, 5—lung fever, 3—inflammation of the lungs, 4—dropsy, 1—apoplexy, 1—scald, 1—disease of the brain, 1—croup, 1—inflammation of the brain, 1—child-bed, 1—debility, 1—erysipelas, 1—brain fever, 1—smallpox, 1—cancer in the throat, 1—insane, 1—throat distemper, 1—intemperance, 1—typhus fever, 1—carcinoma uteri, 1—inflammation of the bowels, 1—unknown, 1.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 38 Tremont row.

My 11—2

D. SMILEY, JR.

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 653 ft.

1842. April.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	L. °	P.M. °	S. °	Sun. °	P.M. °	S. °			
1 Frid.	18.31	32	29.65	29.68	29.66	NW	Fair		
2 Satur.	30.56	58	29.60	29.42	29.35	SW	Fair		Snow in the night.
3 Sun.	52.63	56	29.32	29.39	29.46	NW	Fair		Dwarf willow and red maple in blossom.
4 Mon.	38.38	36	29.63	29.68	29.68	NE	Cloudy		Rain in the forenoon.
5 Tues.	34.38	37	29.56	29.50	29.50	NE	Cloudy		
6 Wed.	36.59	53	29.59	29.60	29.55	SW	Fair		Fog in the low grounds.
7 Thur.	46.50	44	29.40	29.33	29.27	NE	Cloudy		Crocus in blossom.
8 Frid.	40.43	37	29.27	29.36	29.39	NE	Cloudy		Rain in the morning.
9 Satur.	34.42	38	29.42	29.47	29.50	NE	Fair		
10 Sun.	35.50	48	29.45	29.43	29.34	NE	Fair		Aurora Borealis.
11 Mon.	45.61	58	29.63	29.27	29.29	NW	Fair		Liverwort in blossom.
12 Tues.	37.54	52	29.37	29.34	29.38	N	Fair		Leatherwood in blossom.
13 Wed.	31.55	46	28.54	29.54	29.48	SW	Fair		Aurora Borealis. Rain at 9 P. M.
14 Thur.	38.44	52	29.32	29.22	29.26	N	Cloudy		Brilliant Aurora.
15 Frid.	35.57	50	29.38	29.38	29.40	SW	Fair		Sowed peas, lettuce and early beets.
16 Satur.	37.51	51	29.50	29.60	29.62	NW	Fair		Aurora last night. Dandelion in blossom.
17 Sun.	37.55	48	29.74	29.78	29.78	E	Fair		
18 Mon.	37.39	36	29.70	29.64	29.53	NE	Rain		Rain, with snow and hail.
19 Tues.	36.42	42	29.82	29.29	29.10	NE	Rain		
20 Wed.	44.56	52	29.04	29.18	29.32	NW	Fair		Rain in the morning.
21 Thur.	38.64	60	29.50	29.55	29.50	S	Fair		
22 Frid.	49.82	74	29.39	29.25	29.18	SW	Fair		Peach trees in blossom.
23 Satur.	59.63	60	29.22	29.43	29.50	N	Fair		Blue violets and wind flowers in blossom.
24 Sun.	39.60	54	29.56	29.55	29.50	SW	Fair		White frost. Cherry trees in blossom.
25 Mon.	47.53	52	29.40	29.38	29.34	NE	Cloudy		Rain commenced at quarter after 6 A. M.
26 Tues.	42.45	44	29.30	29.12	29.03	NE	Rain		Thunder storm in the night.
27 Wed.	42.58	46	28.84	28.82	28.40	SW	Fair		High wind. Showery.
28 Thur.	39.48	44	29.97	29.02	29.10	W	Fair		
29 Frid.	38.53	51	29.19	29.19	29.20	NW	Fair		Shad bush and columbine in blossom.
30 Satur.	37.62	65	29.29	29.35	29.20	NW	Fair		Daffodil in blossom.

The month of April has been pleasant, and favorable for the opening of the year. The growing season is fifteen or twenty days earlier than the last year. The barometer has varied from 29.25 to 29.82; the thermometer, from 30 to 82—mean of extremes, 56. Inches of rain fallen, 2.82.

MASSACHUSETTS MEDICAL SOCIETY.

The Censors of the Society and First Medical District will meet at the house of the subscriber, 34 9 Franklin street, Boston, on Thursday, the 19th of May, at 4 o'clock, P. M.
My 4—tm JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

The subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH.
H. G. WILEY.
G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

The Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.
Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.
Institutes of Medicine, by SAMUEL JACKSON, M.D.
Materia Medica and Therapeutics, by JOHN BELL, M.D.
Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.
Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.
Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.
January 8th, 1842. M 2—2m W. E. HORNER, Secretary.

TO LET,

A PHYSICIAN'S office, heretofore occupied as such, pleasant and eligible, with board in the family desired. Apply to Dr. Mann, 16 Summer street. Mh. 23—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, MAY 18, 1842.

No. 15.

SUB-CONJUNCTIVAL OPERATION FOR STRABISMUS.

BY JOHN H. DIX, M.D.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The majority of your readers are probably wearied with accounts of operations for strabismus; and if the result of the division of the internal rectus, according to the usual and simplest method, had proved to be in all cases, and in every respect, quite satisfactory, I should not again trouble you upon a subject with which I have already occupied so much space in your Journal. In many cases where the squint is entirely removed, it will be remarked by an ordinary observer, that although the eyes are straight, they are not alike, and to a critical observer it will be evident that this dissimilarity is owing to a projection of the eye which has been operated on, and an abrupt indentation at the inner canthus, giving to the eye on this side the appearance of a globe lying in the orbit, but detached from it. The long vertical incision midway between the cornea and inner canthus has allowed the semilunar fold to recede, and the globe in some degree to project.

Division of the muscle beneath the conjunctiva obviates, of course, the first of these consequences, the retraction of the semilunar fold, and prevents any very considerable projection of the globe, though these advantages do not seem to have been much insisted on by M. Guérin, who first proposed this method of operating, his object being to guard against the inflammatory action which might result from laying the sclerotic bare. Although, as regards the subsequent inflammation, nothing is to be apprehended from either method if neatly performed, the sub-conjunctival method has strong claims to preference for the other reasons just mentioned.

M. Guérin's method has already been well described and illustrated in your Journal, but as my design in this communication is to commend to your attention another method of doing the same thing, I will briefly state his as follows. The lids being secured and the patient in a recumbent position, the eye is everted and kept steady by means of a double hook inserted into the albuginea, and an opening is made through the conjunctiva and the investing sheath or fascia of the muscle at its lower margin. M. Guérin's knife is now to be passed between the sclerotic and the tendon of the muscle, keeping the blade flat upon the sclerotic, until it is fairly inserted, when the edge is to be turned outward against the tendon, which sometimes parts with a faint noise. This is, I

believe, the way in which the operation of tenotomy is performed for other deformities in orthopedic practice; but in its application to the muscles of the eye it is objectionable on several accounts. In order to give to the muscle the degree of tension necessary for the division of its tendon by simply turning the edge of the knife against it, the double hook must be applied with a force, which, independently of the pain it occasions, might be, though I am not aware that it ever has been, hurtful to the internal textures of the globe, while from the length of the blade and the rolling of the globe upward, which is prevented only in fact by the outward traction with the double hook, the usual motion of cutting is impossible to any useful extent. Unless the curvature of the blade very nearly suits the convexity of the globe, where the division is to be made, as the knife is pressed outward, one portion of the blade may be cutting the conjunctiva, before the section of the tendon is thoroughly accomplished. And if it be expedient, as in very decided cases of squint it is, to divide the muscle posteriorly to its tendon, these difficulties are enhanced. Indeed it is only in cases where the squint is very decided that they offer any serious obstacle to one who is familiar with the use of Guérin's knife, and in my own practice I still adopt this method of M. Guérin on account of its simplicity, when the eversion is *very slight, the globe prominent, and the patient an adult of sufficient firmness to hold the eye everted with but little aid from the double hook*. But the more numerous cases of decided squint are precisely those in which it is most important to keep the conjunctiva whole, inasmuch as the greater the squint, the greater the liability to projection of the globe and a gap at the inner canthus.

I have, therefore, adopted the following method, which in such cases is, in my own hands, far more convenient and effective, and less painful. The patient is sitting with the head slightly inclined backward upon the assistant who raises the upper lid, and the eye everted as far as possible by a voluntary effort. A horizontal slit is made, either with a knife or scissors, just above the upper edge of the muscle, through not only the conjunctiva but the fibrous cellular investment of the muscle. Through this opening the blunt hook is passed between the muscle or tendon, and, carrying it fully down, the lower margin of the muscle will be certainly indicated by the appearance of the end of the hook, covered only by the conjunctiva, in which, at this point, a second horizontal slit, about a line and a half in length, is made. Through this lower slit, the section of the muscle or its tendon is made from below upward with a pair of slightly-curved scissors, one blade passing between the conjunctiva and the muscle, and the other between the muscle and the sclerotic; the muscle being at the same time raised a little from the globe, and effectually prevented from rolling upward by the blunt probe or hook, which has been inserted under it from above downward. The section of the muscle is known to be complete, when there is left upon the hook only a strip of conjunctiva; but it may be still further verified by holding this portion of conjunctiva aside, before the hook is withdrawn, so that the sclerotic may be seen or felt. The horizontal openings in the conjunctiva will in some cases be found to afford a convenient opportunity of making a free section of

indurated and contracted cellular or fibrous tissue, both above and below, a proceeding which in cases of long standing is often required, and from the direction of the slits their edges are brought more nearly in apposition, the greater the change which has taken place in the position of the globe.

I am fully aware that little credit attaches to those who, following in the track of a great discoverer, strive to appropriate to themselves, by trifling or imaginary improvements, a portion of his reputation, and would by no means be understood to say that very perfect results have not been obtained in the manner originally directed by Professor Dieffenbach, or that M. Guérin's operation is impracticable or unsuccessful; but only to express my conviction that by preserving the integrity of the conjunctiva between the cornea and inner canthus, very important objections to the operation are obviated, and to point out a method by which this may be most easily and thoroughly effected in decided cases. And I am the more convinced that some modification of M. Guérin's method was needed to render it conveniently applicable in decided cases, by the fact that I have searched the foreign journals in vain for evidence of the adoption of the sub-conjunctival operation by those gentlemen who have heretofore made the most valuable communications on the subject. The following are among the earliest cases on which I operated in this way.

November 25th, 1841.—Mr. B. W. S., of Boston, æt. 17, has squinted from birth as at present. The strabismus is slight and confined to the right eye, but the deficiency of vision is greater than would be expected from the degree of the inversion. He can see the outline of large objects, but cannot discern letters of any size. When both eyes are used, he experiences a pain in the right, which frequently obliges him to desist from his occupation, and interferes with his attendance upon a trade which he is desirous of learning. It is chiefly in the hope of being relieved in this last respect, that he wishes to have the operation performed.

Dr. Nye of Lynn, and Mr. C. H. Call, assisting me, the sub-conjunctival operation was performed in the manner above described, and the eye became immediately slightly everted. After a few moments rest, however, it assumed the centre of the orbit, and he has the power of inversion slightly. All the portion of conjunctiva between the lids is undisturbed. Patient directed to keep both eyes open and turned towards the left.

December 1st.—Vision of the right eye clearer, position slightly inclined inward, especially after looking long and steadily towards the left. Continue still to look towards the left.

12th.—Position of eyes as at last report. Vision improving in the right, though not so good as in left eye. He has now acquired complete control of the motion of the right eye inward. Use both eyes, without any effort to turn them to the right or left.

May 5th, 1842.—The position of both eyes good, and no difference perceptible in their appearance.

November 29th, 1841.—Mr. T. R., æt. 29, of Boston, has squinted from birth. The squint alternates from one eye to the other, but is greatest in the left, which, when he is looking straight forward with the right, is so far inverted as to conceal at the inner canthus one third of the

cornea, the turn 'being slightly upward as well as inward. Vision with this eye not so distinct or so far as with the other, and a long-continued eversion of it causes some uneasiness at the inner canthus.

Dr. N. W. Oliver and Mr. C. H. Call present. The muscle was very full and strong, and immediately on its division, posteriorly to the tendon, the globe was felt to be loosened and assumed nearly its proper position, there being still a very slight tendency inward, and the power of moving it inward remaining in a small degree. Right eye to be bandaged, and left everted. The integrity of the conjunctiva at the inner canthus is fully preserved, the small horizontal slits above and below the muscle being completely hidden by the lids when they are opened as far as the patient has power to do so, and their edges being in apposition whether the eye is turned inward or outward.

April 20th, 1842.—Mr. R. left town immediately after the operation, and now calls upon me for the first time. The left eye is perfectly straight, and the right, which for some weeks after the operation was a little inverted, now exhibits no obliquity except when he is turning both far towards the left. A scarcely appreciable fulness of the left eye upon close examination.

December 8th, 1841.—Mrs. R., æt. 56, has squinted with the right eye since she was 4 years of age, in consequence, as she thinks, of an attempt, in company with some playmates, to distort the eyes. The vision of the right eye has always been imperfect, being sufficient to distinguish persons and things, but not to read. The inversion, though decided, is not very great, and she says that she has wished to have the muscle divided, not on account of the deformity, but because for the last three months she has been alarmed to find the vision of her left eye (the straight one) becoming obscured, a smoky atmosphere seeming to envelope every object. Upon a careful examination of the two eyes, I find no decided evidence of an opacity in the lens or capsule of the lens of the left eye, although the pupil of this eye exhibits somewhat more distinctly than the right, the whitish appearance, which is frequently found in advancing life, without any known loss of sight. As, moreover, the ordinary use of the eyes, if long continued, is attended with an uneasy sensation, sometimes amounting to pain, at the inner canthus of the left eye, and most sensibly felt when she is looking towards the left, it is probable that the dimness of vision in this eye is owing to the constrained and exclusive use of it.

The internal rectus was divided at its tendinous part in the presence of Dr. H. O. Stone and Mr. J. Palmer, and the eye immediately became straight, the power of turning it inward remaining in about half its previous extent. * * * * *

April 5th, 1842.—Both eyes are now, four months after the operation, straight, their motions correspond in every direction, and no projection of the right eye is observable. There was on the first days after the operation a sensible improvement of vision, and entire freedom from the uneasy, painful sensation at the inner canthus. With the right eye alone she can now see to read, and the smoky haze in the left eye, which commenced three months before the operation, has for the last

fortnight been wholly relieved. Although this improvement in the left eye is undoubtedly chiefly owing to the removal of the obliquity in the right, it is proper to state that it was probably promoted by the abstinence from the ordinary occupations of reading and sewing, which was enjoined for the first month, and adhered to with less strictness for the second month, after the operation.

Boston, May, 1842.

RUPTURE OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As the following is rather a rare case, if you think it would prove interesting to your readers, please insert it in your valuable Journal.

Ashby, May, 1842.

Yours respectfully,

A. HASKELL.

Mr. ———, a man of middling stature, well proportioned, a farmer by occupation, 64 years of age, for two years past had been subject to severe paroxysms of pain, commencing at the pit of the stomach, and extending through the left side to the shoulder, and thence down to the elbow. The usual medicaments, such as most families frequently keep, and have no hesitation in administering without consulting a physician, as paregoric, camphor, essence of peppermint, &c., given pretty freely, would sometimes seem to afford relief, and at others were wholly inefficient. After a while, perhaps from one to three hours, the pain would cease at once, and he would return to his work. No irregularity was ever observable in the pulse, and he was remarkable for having a good appetite, and enjoying a good meal. He had experienced no inconvenience in pursuing his usual occupation, till about a fortnight before his death. During this time a little exertion in working or walking would cause a recurrence of the pain, and induce so great a degree of debility, that he was able to labor but very little.

The pulse varying but very little from its usual velocity, but rather full, his son, who lately commenced the practice of physic, thinking that bloodletting might be serviceable, Mr. ——— came to me on the 29th ult. at 3½ o'clock P. M., and I took away 20 oz. of blood from the left arm. It produced a little faintness; but after lying down awhile, he got up, and recovered his natural freshness of countenance. Complaining of some pain in the stomach, he took an opiate with camphor, and conversed cheerfully until 5, when he returned home. But after going two thirds of a mile, the pain increased to such a degree, that he was obliged to stop at a neighbor's. Being sent for in haste, I soon saw him, gave him laudanum, and applied sulphuric ether to the region of the stomach and breast several times, but without any apparent benefit; when understanding that he had eaten a hearty dinner of *boiled dish*, and on the ground that his pain might be aggravated, if not caused, by such a loaded state of the stomach, I gave him an emetic, which produced several ejections of partially digested food. This, however, relieved him only for a few moments, when the pains would return with

apparently increased violence. Warm external applications, as blankets wrung out with hot water, gave but momentary and partial relief. After repeating the opiates, with various stimulants, he rode home, but without any mitigation of pain. The hot applications, with pediluvium, were perseveringly continued, together with laudanum, till 11 o'clock, when I gave him repeatedly sulph. ether, with opiates, which seemed to have some effect in abating the pain. He gradually became easier, so that his wife and a son (the only residents in the family) went to bed, expecting he would recover as formerly. About 3 A. M., on the 30th, Mr. — spoke to his wife, and said he felt sick, and thought he should vomit, which he did immediately. He had taken two cathartic pills, and his wife, thinking it a proper time to repeat them, got up and went for them. On returning, she heard him groan, and he immediately expired.

A post-mortem examination, which was made the day following, May 1st, in the presence of several physicians, presented the following appearances. The right lung adhered to the pleura through its whole extent—the left, to the extent of about two thirds of its surface. The whole volume of the lungs was very much engorged with blood, much more so than is generally found, even so long after death; otherwise in a healthy condition. The pericardium was very fully distended. On opening it, we were not a little surprised on finding it to contain coagula of blood with a liquid, consisting probably of blood and serum, the whole filling a pint measure. On pursuing our examination, we found a rupture of the left ventricle, about fifteen lines from the apex, and twelve in length, and two others near it about one third as long. There was around the rupture an unusual softening and spongy texture of the muscular fibres, which very readily yielded to a gentle pressure between the thumb and finger. The heart was of the usual size and of a healthy appearance, except perhaps near the rupture, where it was a little darker colored.

Mr. — had never been subject to cough or dyspnœa. During the last fortnight there might be some difficulty of breathing, while he was suffering severe pain in consequence of exercise; but when at rest, his breathing was not at all interrupted.

Query.—Were the pains Mr. — occasionally suffered, produced by the diseased state of the heart, by the extensive adhesions of the lungs, or by the transient inflammation which caused those adhesions? Or, what was their cause?

NAVY MEDICAL SERVICE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The purpose which I had in view, in writing a pamphlet upon the U. S. Naval Medical corps, namely, the elevation of one division of the medical profession, to that degree of respectability which belongs to the profession at large, alone induces me to trouble you with any reply to your remarks upon that pamphlet. I regard it as a piece of concealed

assumption for any one, who gives a communication to the public, to find fault with the opinions his communication may elicit ; but when his facts are misunderstood or perverted, it becomes a duty not only to himself, but to his subject, to correct such errors. A professional friend, in alluding to your article, remarked that "it was so different from the usual tone of the Journal, that I think there must have been some personal feeling." But as I am entirely unknown to you, and as I cannot suppose that the sentiments of any one actuated by such a motive, and likely to suspect the authorship of the pamphlet, would find admission into your Journal under the editorial sanction, I rather attribute your remarks to a hasty perusal of my pamphlet, a misunderstanding of its object, and a misconception of my motives.

Your first inference, that it was prompted by a disappointment in promotion, is so far wrong, that to detail the truth would have the appearance of egotistical boasting. But although I have for some years occupied the highest permanent rank of my corps, in common with many others, I have been unwilling to leave the worthy young men just entering the service, to the depressing difficulties and harassing vexations which I have passed through, merely because I am now beyond their reach. For the sake of my junior professional brethren, and for that of my profession, I have been willing to remember

———Quæque ipse miserrima vidi
Et quorum pars magna fui.

The assertion that "the cry of the horse-leech, *give, give, give*, is heard in every line of the exposition," is so contrary to the whole spirit of the pamphlet, that it appears to countenance the idea that your remarks have been suggested by some one of prejudiced mind, rather than by your own perusal ; for the purpose of increased pay is expressly disclaimed, and higher incentives to official conduct are as distinctly pointed out and advocated ; but, in enumerating all the grievances of naval medical officers, the great discrepancy between their pay and that of other officers, and of their own corps in other services, is too great to be overlooked. It is alluded to as a part of the general system of humiliation. In no part of the pamphlet can you find a request for "a little more of nothing to do," or an exemption from duty even hinted at ; the taunt is, therefore, entirely uncalled for. Equally unmerited is the charge of flattery to the Secretary of the Navy, as no more is said of this officer than the whole country awards to his acts, or than was necessary to show that the "Exposition" was not intended as an impertinent dictation to him.

The imaginary pleasures derived from "varying climate and scenery," like most other fancies, would, I assure you, disappear before the test of reality. Not to estimate the amount of mental anxiety and suffering growing out of years of separation from every relation which makes life valuable, the physical discomforts alone, even in times of peace, are far more than a counterpoise to all the pleasures of a naval life. Cruising for years in a small vessel, on a stormy coast, many officers crowded in one apartment, that apartment deluged, for days together, with water from seas breaking fore and aft over the vessel, the hatches battened

down and covered with tarpauline, excluding all light but that derived from a horn lanthorn, dimmed with smoke, your clothes and boots soaked in water; without, for weeks, a dry bed to sleep in, and for days without the means of preparing the homely food you have; this discomfort occurring, not as with transient voyagers for a single gale, after which they are restored to the comforts of home, but again and again, during a cruise of years' duration, the best years of youth, and the compensating scenery being that of a wild, dangerous, and unsettled coast; living for weeks upon a daily slice of fried pumpkin, with a little bread dust, and drinking molasses to stay hunger, or lying in a rigging-loft upon a small island, prostrate with yellow fever, with twenty of your patients in the same condition around you, with only an ignorant doctor, not even a brother officer, to minister to you—is buying variety of scenery over dear. Such having been a part of my personal experience, I feel a right to allude to it as a moiety of the discomforts of naval life, to show that the life is not so desirable as fancy might paint; but not to complain of the lot and hazards which every officer may encounter who enters the public service.

The argument that dissatisfaction may be avoided by resignation, is so inconsistent with common justice, that I have no fear of its general admission, and I think some reflection would induce your own withdrawal of it. Would it be either just or wise for any service to heap difficulties and miseries upon its servants to the last point of endurance? or to go on and drive them out, set after set, until some are found willing to bear their grievances and remain? Is it just to make an officer's necessities the only measure of his rights? From other considerations the contingency of resigning or remaining in the service is no test of its liberality or advantages. The medical officer generally enters the service, ignorant of what is before him; his first cruise is on a distant station for three years, at the end of which he hopes for better things, and so goes on hoping from year to year, until all that period of life is passed in which he should be securing his permanent settlement; and finally he remains, although the situation of any "land doctor" surrounded by the comforts of family and home, and whose success has been that of ordinary ability and assiduity, may be envied by any naval surgeon.

You require "more tangible facts." I have given you definitely, the dwelling place, official and social relations, and pay of medical officers in their respective grades. I have pointed out the advantages over them of almost every other class of officers in the service; the better condition of their brethren in the land and foreign services. These, which cover the whole existence of the individual, are surely facts sufficiently tangible, and I am surprised that any one should be willing that any portion of the profession of which he is a member, should continue in a position inferior to that of other officers, having no higher claim; but as this is a matter of opinion, however I may regret it, I claim no right to find fault with it.

As a matter of justice, I request a correction of the wrong inferences you have drawn from my pamphlet, which I have no doubt you will grant me by the publication of this letter from the author of

Baltimore, May 8, 1842.

"AN EXPOSITION," &c.

EXTRACTION OF A NEEDLE FROM THE GEMINI MUSCLES OF A CHILD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following case of sufficient interest, please give it a place in your Journal.

A male child of G. K., of this town, aged fourteen months, had been strong and healthy till the age of eleven months, when he could walk alone. Soon after, from some unknown cause, his health began to decline, and he became feeble and emaciated. I was recently called to the child, and informed by the parents that they had discovered a hard substance situated in the flesh, about midway between the ischium and the pubis. The substance appeared small and indistinct; and on attempting to grasp it, would recede and apparently disappear. I made an incision with a small scalpel, perhaps half an inch in depth, and extracted a common *sewing needle*. The child recovered his health rapidly.

Westminster, May 2d, 1842.

FLAVEL CUTTING.

WINE AT THE ANNIVERSARY DINNER OF THE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Please to permit me, through the medium of your Journal, to suggest the expediency, or duty, of the Massachusetts Medical Society's dispensing, in future, with wine at its annual festivals. Many reasons might be offered for doing it, but I shall present but one, which I trust will suffice. A large number of the Fellows of the Society are also members of temperance societies, whose pledges forbid both the use of wine, and the furnishing of it for the entertainment of their friends, as, also, the countenancing its use at any time, as a luxury. Now so long as wines are used or furnished at the annual dinners, and paid for out of the treasury of the Society, individuals belonging to temperance societies are virtually compelled to violate their temperance pledges, which to men of conscience is certainly a sore grievance. Does not, then, a regard for the feelings and principles of many of our brethren, setting aside all other considerations, require that *all* alcoholic beverages should be banished from our festive board?

May 7, 1842.

Yours truly,

A. D. B.

CASES OF OBSTINATE CONSTIPATION.

[THE following cases of constipation, treated by injection, are related by Dr. G. F. Carmichael in the Philadelphia Medical Examiner.]

Captain C., a seafaring man, has had permanent stricture of the rectum for five or six years, to such a degree as to subject him to habitual difficulty in evacuating his bowels, and occasionally to complete obstruction and retention of the fæces. At the time I was called to see him he had had no evacuation from his bowels for five days, and at that time was

suffering greatly from aggravated symptoms of constipation, viz., violent pain and enormous distension of the abdomen, sick stomach, constant vomiting, great thirst, sleeplessness, jactitation, inability to remain in a recumbent posture, oppressed and anxious countenance, &c. Previously to my visit he had taken numerous doses of purgative medicine, some of which were retained, and others rejected.

Prescription.—Bloodletting to $\frac{3}{4}$ xx.; warm bath; purgative draughts; enemata. No relief being induced by these means, and the symptoms increasing, I introduced the gum-elastic stomach tube of a patent injecting apparatus, its whole length (twenty-four inches, per anum) into the bowels, and threw up gently and slowly about a quart of warm soap and water. This was retained for some minutes, and its reflux then permitted through the tube. Whenever the eyelets of the tube became obstructed by undissolved fecal matter, they were cleared by injecting a little warm water through it. In this manner the accumulated feces (the cause of the symptoms) dissolved in the soap and water, were removed in a few minutes, and the patient expressed himself entirely relieved and immediately sunk to sleep. No farther treatment was necessary.

In a second case the same proceeding procured immediate relief, after the patient had been subjected for a whole week—he being in the greatest distress—to every variety and mode of treatment which is usually followed in such attacks, and when he was almost given up in despair. In the second case there was no stricture.

Cases of the above character are commonly regarded by practitioners of medicine and friends of patients with peculiar anxiety and solicitude; and as I feel assured that a most frequent cause of such cases, is accumulation of hard fecal matter in the large intestines, particularly in the ascending colon, insoluble by the secretions of the lining membrane of the bowels—incapable of being urged along the intestinal tube, either from its bulk or loss of peristaltic power from over-distension—and inaccessible to common lavements—I can recommend the above mode of injection for solution and removal of fecal obstruction of the bowels as satisfactory and safe, at least so far as my experience goes. I of course do not pretend to originality in the adoption of this plan, but merely testify to its sufficiency in time of need, when the usual means are defective.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 18, 1842.

NAVY MEDICAL CORPS.

Our comments, a few weeks since, upon the pamphlet entitled "*An Exposition of the unjust and injurious relations of the U. S. Navy Medical Corps*," has brought a communication from the author at Baltimore, which is cheerfully inserted in to-day's Journal. Although the author still conceals his name, a medical gentleman of that city, for whom we

entertain a profound respect, assures us that the writer of the exposition has no private ends to answer—that he is entirely above a sinister motive, and that his sole and exclusive object is just what he asserts in the pamphlet. If our observations were calculated to injure the cause which he is pleading, we shall regret it most sincerely; but it can be said, with truth, that we never before had reason to suspect that the medical corps of the navy were unjustly treated. We still think that it was a great mistake to send forth such a document anonymously; its arguments are thrown to the winds. Will the Secretary of the Navy, Congress, or the President of the United States, be influenced by an appeal that goes to them without a name? Giving the author entire credit for his motives, since the endorsement on the margin of the letter before us amply and honorably sustains him in that respect, we should feel badly indeed if a deserving class of fellow laborers in the cause of humanity, were beyond the reach of relief. If the army surgeons are paid more and better than those in the navy, the sooner things are equalized, the more gratifying to the lovers of justice. Still, with regard to ourselves, with but a limited knowledge, however, of the duties, and trusting considerably to those with whom we have conversed, it would be more desirable to be in the navy on half pay, than in the army with the present rate of compensation. As to the disgraceful manner of accommodating assistant surgeons on ship-board, their necessary associates, and their unnecessary degradation, a reform seems to be loudly called for: they have our warmest sympathies. But without a bold and vigorous representation by the whole corps, with their names attached, they will assuredly suffer on, a century to come, unheard in high places, though commiserated by those who can render them no lasting service.

Transactions of the College of Physicians.—Another quarterly summary of the doings of the Philadelphia College, of which some account has been given heretofore, is published. It embraces the transactions of February, March and April. The promptitude with which the Journal is sent abroad, is extremely creditable to the officers. When such papers as constitute the body of this summary, are suffered to remain on hand till the authors are dead, or the name of the institution lost to the memory of the country, solely on account of its tardiness in getting ready to do something, all interest is lost in them, or rather they excite none when they do appear. But when they come directly from their authors, it rouses the reader to an active state of mind, and thus an influence is perceptibly exerted. Dr. Warrington's annual report on the diseases of women; Dr. Morris's case of poisoning with laudanum; Dr. Moore's on meteorology and epidemics, and Dr. Condie's annual report on the diseases of children, are exceedingly acceptable. Dr. Condie's article, especially, shows him to be a close observer, and a careful reader; he observes that "during the past year few observations have been recorded calculated to improve, materially, our acquaintance with the nature and diagnosis of the morbid affections that usually occur during childhood;" and from the number of authors cited by him, who are now writing in the foreign periodicals or elaborating distinct treatises, it appears that he is minutely acquainted with the passing medical literature of the day. The summary is a valuable quarterly contribution to medical science, which we hope will be sustained for many years to come.

Cooper's Surgical Dictionary.—Dr. Reese, the well-known American editor of an acceptable and improved edition of this very useful work, proposes to publish another, with further improvements, on a plan that commends the Dictionary in a special manner to our countrymen. Mr. Cooper was much gratified with the former additions made by Dr. Reese, and in a frank and gentlemanly letter, assured him of his obligations and friendship. A circular is abroad, addressed to our native surgeons, the design of which, as expressed by Dr. Reese, is "to solicit the favor of an early communication by mail, setting forth what greater operations you have performed, or what improvements you have introduced in the treatment of surgical diseases, including the construction of instruments, apparatus, &c. ; and also, whatever you claim as original or novel, and which may be worthy of record. And if you know of any surgeon in your vicinity having claims in this department, whom I may inadvertently overlook in the distribution of this circular, you will do me a favor by obtaining from him a similar communication.

"Should any or all of your claims be published in either of the periodicals, be pleased to direct me to the volume, No. and page ; or, if you have published in pamphlet or book form anything relating to surgery, a copy being forwarded to me will be improved by extracts or otherwise."

Dr. Reese adds, that it is important that he receive all communications early in the month of July of the present year. We view this invitation in the light of an intention to make known the claims of our own surgeons ; and it is desirable that Dr. Reese should be speedily put in possession of all the published cases that would illustrate and establish the progress of surgery in the United States. One should communicate this request to another, so that no person who may have it in his power to add to the stock of materials that promises so much for our national character in operative surgery, shall lose the opportunity to do so.

Dr. McClintock's Introductory.—Notwithstanding it is impossible, in most instances, to transcribe parts of the introductorys, which it is now customary to deliver in medical schools, at the commencement of a term, we shall endeavor to speak of them as they deserve. Dr. McClintock's well-written discourse, published by the class in the Castleton Medical College, points out the changes that have taken place in the department of instruction since the last year. If students *must* go to a city, the doctor tells them that Philadelphia is the best of the great cities. He does not conceal his partialities for the institutions there ; but at the same time he endeavors to make the class contented with home, or rather Castleton, by a graphic narrative of the disastrous things, in the shape of vices, that might beset their youthful footsteps at the corners of the streets, even in the goodly place of his former residence. There is now and then a pleasant sprinkling in of apt quotations from the poets. "God made the country, and man made the town," a sentiment of Cowper, is appropriately introduced by way of making any discontented aspirant satisfied with his condition. No member of the class, it is presumed, will hereafter attend lectures in this metropolis, notwithstanding it is about four hundred miles nearer than Philadelphia to Castleton. In order to avoid Boston on the route, it may be advisable for them to go down on the east side of the mountain. We have as much respect for the profession of Philadelphia as Dr. McClintock, and with regard to

the advantages to be derived from the elevated system of medicine and surgery characteristic of the schools there, most fully agree with him. Still, it may not be amiss to remember that there are also medical institutions in Boston, New York, Baltimore and Washington, which have some pretensions to character and standing.

Anniversary Discourse.—At the annual meeting of the State Medical Society, which will be held in Boston towards the close of the present month, the discourse is to be given by Stephen W. Williams, M.D., of Deerfield, Mass. Some little curiosity is manifested to know what topic he will discuss. Dr. Williams has been before the public in the character of a medical teacher and writer, for a long series of years, and therefore his name is quite familiar in connection with those who have contributed to the fund of medical literature in this country. On whatever subject he may speak, it is quite certain that no effort will be wanting, on his part, to meet the high expectations of the learned body that he has been selected to address. Our friends from the country must not fail to have our venerable Society fully represented on the day of meeting.

Medical Honor.—In the printed catalogue of the members of the Prussian Medical Society, for June, 1841 (*Verein für Heilkunde in Preussen*), is the name of Martyn Paine, M.D., of New York, extensively known in the medico-scientific world, for his indefatigable industry in medical literature. This Society embraces the elite of the medical faculty of Russia and Germany, there being but one hundred and fifty ordinary members—and till the election of Dr. Paine, it had not conferred the honor of a diploma on a single person in America. It is gratifying that this gentleman is beginning to receive from the old countries of Europe, those distinguished testimonies of admiration for his talents, which have been perhaps, to some extent, denied him at home.

Elixir of Opium.—Our attention has again been called to this preparation, which is said to retain only the morphine, codein and narcein—and those in combination with its native meconic acid. Dr. M'Munn, the inventor, is spoken well of; and Drs. F. U. Johnston, John W. Francis, John C. Cheesman, and R. K. Hoffman, gentlemen of established reputation in New York, recommend the elixir to the patronage of the profession. In Boston, physicians will find it put up in small phials, at Smith & Fowle's, 139 Washington street, opposite School street.

River Fever.—In the report made to the Secretary of the British Admiralty, by Capt. Trotter, in which are detailed the particulars of the late unfortunate expedition to explore the Niger, honorable mention is made of the surgeons of the Albert, Wilberforce and Soudan Steamers. Dr. F. D. Nightingale, Assistant Surgeon of the Albert, died; also Dr. W. B. Marshall, Acting Surgeon, and Dr. H. Colman, Assistant Surgeon of the Soudan. Although the amount of sickness on board, after entering the river, was alarming, Dr. McWilliams thought the disease might assume a milder character, when higher up the stream. The theory, however, was incorrect; and from September 28 to October 5, Dr. McWil-

liams, assisted by only one white man, dropped down towards the sea. The vessel would have been obliged to float off without steam, had it not been for the mechanical ingenuity of Dr. Stranger, the geologist of the expedition, who, by consulting Tredgold's work on steam, and getting a little instruction from a convalescent engineer, undertook to work the engine himself. Dr. Stranger succeeded in taking the steamer safely below Eboe, without any accident; while Dr. McWilliams, in addition to his enormous press of professional duties as medical officer, conducted the vessel in the most able and judicious manner. It pains us to record the subsequent sickness of this energetic physician. How it has terminated with him, is at present uncertain. The malady that has proved so terribly destructive to European life in this last Niger expedition, is denominated, by the medical staff, the *river fever*—which they report to be unlike any fever spoken of in any work extant on fevers. It has such peculiarities as the surgeons had never before witnessed, either in Africa or the West Indies. Dr. McWilliams is of the opinion, as far as he can judge, that the Niger is not safe for white constitutions—and upon the strength of this, Capt. Trotter suggests to the Lords of the Admiralty, that it would be desirable, therefore, to procure assistant surgeons and black engineers. Had it not been for the boldness as well as various qualifications of the surgeons for doing everything *well*, the expedition might have been still more unfortunate: every man might have died, and no one left to explain the dreadful mortality.

Naval Appointments.—Drs. Robert T. Barry, Charles A. Hassler, David Harlan, J. D. Miller, Geo. W. Peete, Victor L. Godon, Robert Woodworth, and A. J. Wedderburn, have been nominated to the U. S. Senate, for surgeons in the Navy, and will probably be confirmed and commissioned.

Shrapnel Shells and Vaccination.—We have more than once adverted to the comparative estimation in which inventions for saving, and inventions for destroying our fellow creatures, have been held by the former governments of this country. It will be recollected that Jenner obtained from the parsimony of Mr. Pitt, and the liberality of Parliament, a vote of £10,000, for the discovery of vaccination, by which millions of mankind have been saved from deformities, blindness and untimely death. Lieutenant-general Shrapnel, who died a fortnight ago, and had discovered the destructive case-shot, *Shrapnel shells*, at the siege of Dunkirk, received for his discovery a life-pension of *twelve hundred pounds a year*, in addition to the pay of the respective ranks in the army which he subsequently held. We say nothing against the latter grant—the Shrapnel shell is a most efficient and murderous weapon of war—but one would think that the highest premium—the £1200 a year—should have been given to Jenner, on the ground that the discovery evinced a more philosophical genius, and a genius that deserved to be encouraged, as on the whole most useful to mankind.—*London Lancet.*

On the Employment of the Gelatine and Fat of Bones as a means of ameliorating the Diet of the Poor. By M. D'ARCET.—M. D'Arcet, from the examination of the annual reports of the various hospitals, gives an apparently satisfactory answer to the seventh conclusion of the French

Academy as to the nutritive power of gelatine. He shows that the directors of the different hospitals at Lille, Metz, Lyons, Strasbourg, different parts of Russia, and the whole of Holland, have found experimentally, that the health of their inmates has improved from the date of their fitting up an apparatus for extracting the gelatine and fat from bones. With regard to one of the hospitals at Lyons, he mentions the very striking fact, that the mortality appeared to be reduced by this means alone from 90 to 72, at which it has averaged ever since the apparatus for the preparation of the gelatine soup was fitted up. Many other interesting facts are mentioned, showing the advantage of hospitals being provided with an apparatus for the preparation of gelatine from bones, for it appears that, whenever this gelatinous soup has been added to the diet of the patient, the sickness and consequent expense for medicines has been greatly lessened, the mortality has been considerably diminished, and the general health of the inmates greatly improved.—*Annales D'Hygiene, in Med. Examiner.*

Absence of the Uterus. By DR. CRAMER.—The case here related is that of a woman 30 years old, of perfectly feminine external form, who had never menstruated, but had frequently suffered from epistaxis, hæmoptysis, and other local congestions. She married at 23, and at 30, annoyed at having no children, submitted to an examination. No uterus could be found, but the external organs of generation were well formed, and the vagina was of normal width, as long as the finger, and ended in a *cul-de-sac*. The unusual circumstances of the case were, the existence of natural sexual appetite, and of a tendency to vicarious menstruation, the normal development of the external sexual characters, and the nearly full size of the vagina; all rendering it probable that, though the uterus was deficient, the ovaries were in their natural state.—*British and Foreign Medical Review, from Med. Zeitung.*

DIED.—At St. Johns, Dr. Roe—accidentally drowned. He was about settling at Montreal, as a surgeon.

Number of deaths in Boston for the week ending May 14, 49.—Males, 19; Females, 30. Stillborn, 1.

Of consumption, 8—dellirium tremens, 1—lung fever, 2—child-bed, 2—mortification, 1—disease of the liver, 1—debility, 1—scarlet fever, 3—erysipelas, 2—drowned, 2—smallpox, 2—inflammation of the bowels, 1—inflammation of the lungs, 3—sudden, 2—colic, 1—dropsy on the brain, 1—old age, 1—insanity, 1—dropsy on the chest, 1—tabes mesenterica, 1—croup, 2—measles, 1—pleurisy, 1—infantile, 1—typhus fever, 1.

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

The first No. of this periodical will be ready for delivery on the 1st of June. The success already ensured is sufficient to warrant its publication for one year at least, so that there need be no hesitation in sending in names and payment. The price and terms are the same as of this Journal. Contents of the first No. will be given hereafter.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, the 25th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, by Stephen W. Williams, M.D., of Deerfield. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend. Dinner at half past 3, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Counsellors will be held on the day following, at the Society's room, Temple, Tremont street, at 10 o'clock, A. M.

My 18—tm

GEORGE W. OTIS, JR.,
Recording Secretary.

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My 4—tm

JOHN JEFFRIES, *Secretary of Censors.*

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THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
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Materia Medica, by T. ROWEN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
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Institutes of Medicine, by THOMAS HUN, M.D.
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Jy 28—eoply

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 16.

OPIUM SMOKING IN CHINA.

[THE following account of the habit of opium-smoking among the Chinese, was recently read to the Westminster Medical Society by Dr. James Johnson, to whom it was sent by G. H. Smith, Esq., of Pulo Penang.]

The great extent to which this destructive vice is carried on in this island, and in the straits and islands adjacent, together with the almost utter impossibility of relinquishing the dreadful habit, when once acquired, opens an immense source of revenue to the East India Company, who monopolize the sale of all quantities of opium under a chest, as well as that of arrack, serree, toddy, bang, &c. The annual average revenue of this monopoly, or "revenue-farms," as they are called, for ten years past, has amounted to £4822 sterling. But the quantity of opium smuggled is immense and incalculable. Benares opium is that chiefly used by the farmer for the preparation of "chandoo" (the composition smoked), on account of its weight and cheapness; but the consumers prefer the Patna opium, because it has a finer flavor, is stronger, and its effects more lasting.

The following is part of the mode of preparing the chandoo. Two balls are as much as one man can properly prepare at once. The soft inside part of the opium ball is scooped out, and the rind is boiled in soft water, and strained through a piece of calico. The liquor is evaporated in a wide vessel, and all impurities carefully skimmed off, as they rise to the surface. The same process is gone through with the soft opium extracted from the ball; and all being mixed and evaporated to the consistence of dough, it is spread out into thin plates, and when cold, it is cut into a number of long narrow slips. These are again reduced to powder, re-dissolved, again evaporated, and ultimately rolled up into balls, and a good deal resemble shoe-maker's wax. In this state it is fit for smoking, and is at least twice the strength of crude opium. The chandoo, when once smoked, does not entirely lose its powers, but is collected from the head of the pipe, and is then called "tye-chandoo," or fecal opium, which is made into pills, and swallowed by those whose poverty prevents them from smoking the chandoo itself.

In Penang, the opium-smokers are the Chinese, the Malays and a very few of other nations, chiefly the native Portuguese. It is calculated that 10 per cent. of the Chinese, $2\frac{1}{2}$ of the Malays, and about 1 per cent. of other natives, are addicted to the vice of opium-smoking. The poorer classes smoke in the shops erected for that purpose, but the

wealthier orders smoke privately in their own houses. The practice is almost entirely confined to the male sex, a few abandoned prostitutes of the other sex partaking of the vice. A young beginner will not be able to smoke more than five or six grains of chandoo, while the old practitioners will consume two hundred and ninety grains daily!

The causes which lead to this dreadful habit among the Chinese are—first, their remarkably social and luxurious disposition. In China, every person in easy circumstances has a saloon in his house, elegantly fitted up, to receive his friends, with pipes, chandoo, &c. All are invited to smoke, and many are thus induced to commence the practice from curiosity or politeness, though few of them are ever able to discontinue the vice afterwards.

Parents are in the habit of granting this indulgence to their children, apparently to prevent them from running into other vices still more detestable, and to which the Chinese are more prone than, perhaps, any people on earth. There is another cause which leads great numbers of young men into the practice of opium-smoking—a belief, founded, it is said, on experience, that the said practice heightens and prolongs venereal pleasures. It is, however, admitted by all, that opium-smokers become impotent at a much earlier period of life than others. In painful or incurable diseases, in all kinds of mental or corporeal sufferings, in mercantile misfortunes, and in other reverses of fortune, the opium-shop is resorted to as an asylum, where, for a time at least, the unfortunate may drown the recollection of his cares and troubles in an indescribably pleasurable feeling of indifference to all around. The Malays are confident that opium-smoking inspires them with preternatural courage and bodily strength; it is, therefore, resorted to whenever any desperate act is in contemplation.

The smoking-shops are the most miserable and wretched places imaginable; they are kept open from six in the morning till ten o'clock at night, each being furnished with from four to eight bedsteads, constructed of bamboo spars, and covered with dirty mats and rattans. At the head of each there is placed a narrow wooden stool, which serves as a pillow or bolster; and in the centre of each shop there is a small lamp, which, while serving to light the pipes, diffuses a cheerless light through the gloomy abode of vice and misery. On an old table are placed a few cups and a tea-kettle, together with a jug of water, for the use of the smokers. At one side of the door the sub-farmer, or cabaret-keeper, sits, with chandoo, pipes, &c., for the accommodation of his customers. The place is filled with the smoke of the chandoo, and with a variety of other vapors, most intolerable to the olfactories of an European. The pipe is composed of a shank and a head-piece, the former made of hard and heavy wood, fourteen inches long by three inches and a half in circumference. It is bored through the centre, from the mouth-piece to the head, where there is a kind of cup to collect the "tye-chandoo."

The smokers generally go in pairs, and recline on the bedstead, with head resting on the wooden stool. The mode of proceeding is as follows: first, one of the pair takes up a piece of chandoo on the point of a short iron needle, and lighting it at the lamp, applies it to the small

aperture (resembling the touchhole of a gun), in the head of the pipe. After a few whiffs he hands the pipe to his friend, who lights another piece of chandoo at the lamp; and thus they go on alternately smoking till they have had sufficient, or until they are unable to purchase any more of the intoxicating drug. The fume is always expelled through the nose, and old stagers even draw it into their lungs before it is expired.

During this time, they are at first loquacious, and the conversation highly animated; but, as the opium takes effect, the conversation droops, and they frequently burst out into loud laughter, from the most trifling causes, or without any apparent cause at all, unless it be from the train of thoughts passing through their excited imaginations. The next phase presents a vacancy of countenance, with pallor, and shrinking of the features, so that they resemble people convalescing from a fever. A dead silence precedes a deep sleep, which continues from half an hour to three or four hours. In this state the pulse becomes much slower, softer and smaller than before the debauch. Such is the general process almost invariably observed among the Chinese; but with the Malays it is often very different. Instead of the placidity that ushers in the profound sleep, the Malays frequently become outrageously violent and quarrelsome, and lives are occasionally lost in these frightful orgies!

The chandoo is sometimes employed for the purpose of self-destruction; but from its strong smell and taste, it is never used as poison for others. It does not appear that sudden death is ever produced by an over-dose of chandoo when used in smoking. When an inordinate quantity has been expended in this way, headache, vertigo and nausea are the effects, and are only relieved by vomiting.

When a person has once contracted the habit of opium-smoking, he finds it extremely difficult to discontinue the vice; yet there are many instances of its being conquered by resolution of mind. In such attempts it is most dangerous to approach the opium-shops, as the smell of the chandoo produces an irresistible desire to indulge once more in the pernicious habit; neither can opium-smoking be suddenly abandoned without some substitute, as the most serious or even fatal consequences would ensue. The best substitute is a tincture of the "tye-chandoo" (which is about one fourth the strength of the chandoo itself), made with lamsou, a spirit made from rice, and taken in gradually diminished doses till the habit is broken.

By a continuance in this destructive practice, the physical constitution and the moral character of the individual are deteriorated or destroyed, especially among the lower classes, who are impelled to the commission of crimes, in order to obtain the means of indulging in their dominant vice.

The hospitals and poor-houses are chiefly filled with opium-smokers. In one that I had charge of, the inmates averaged sixty daily, five-sixths of whom were smokers of chandoo. The baneful effects of this habit on the human constitution are conspicuously displayed by stupor, forgetfulness, general deterioration of all the mental faculties, emaciation, debility, sallow complexion, lividity of lips and eyelids, languor and lacklustre of eye, appetite either destroyed or depraved, sweetmeats or sugar-

cane being the articles that are most relished. In the morning these creatures have a most wretched appearance, evincing no symptoms of being refreshed or invigorated by sleep, however profound. There is a remarkable dryness or burning in the throat, which urges them to repeat the opium-smoking. If the dose be not taken at the usual time, there is great prostration, vertigo, torpor, discharge of water from the eyes, and in some an involuntary discharge of semen, even when wide awake. If the privation be complete, a still more formidable train of phenomena take place. Coldness is felt over the whole body, with aching pains in all parts. Diarrhœa occurs—the most horrid feelings of wretchedness come on; and if the poison be withheld, death terminates the victim's existence.

It is generally remarked, as might, *a priori*, be expected, that the offspring of opium-smokers are weak, stunted, and decrepit. It does not appear, however, that the Chinese, in easy circumstances, and who have the comforts of life about them, are materially affected in respect to longevity, by the private addiction to this vice, so destructive to those who live in poverty and distress. There are many persons within the sphere of my own observation, who have attained the age of sixty, seventy, and more, and who are well known as habitual opium-smokers for more than thirty years past. It is a well-known fact, that the present emperor of China was a slave to the pernicious habit of smoking opium for many years; but that, by great moral courage and perseverance, he weaned himself from the vice, and has ever since become a most violent persecutor of those who are addicted to the indulgence. He accordingly issued edicts of severe punishment against the smoker, vender, importer, and all concerned in the traffic of opium; and, finding these ineffectual, he made the crime capital, and punished it with death. Whatever may be said in favor of the opium-traders, and against the policy or justice of the Chinese emperor, I am convinced in my own mind that the real object of his edicts was the good of his subjects, and that he hoped, however vainly, to eradicate a vice destructive alike of the health and morality of those who became its victims. But his Majesty's government acted on very different principles; namely, the most selfish, venal and mercenary. It is a notorious fact, that many, perhaps most of the officers, employed in preventing the importation and smuggling of opium, are themselves opium-eaters or opium-smokers, and consequently that they wink at the illicit trade, or take bribes of opium or dollars for the introduction of the drug. It is well known now that in several of the southern provinces of China opium is cultivated to a great extent, without any check from the local authorities, and, doubtless, without any knowledge of the emperor himself. The propensity to opium-smoking is becoming so universal and so irresistible in China, that no sumptuary laws, however sanguinary, will be able to stem the torrent. In Penang excessive duties have only increased the thirst for opium; and what is worse, they have quadrupled the number of murders and other crimes committed in order to obtain the means of procuring the drug!

Note by Dr. Johnson.—The foregoing paper has been laid before the

Society, partly because the subject is curious, and little known in this country, but chiefly for the purpose of offering one or two practical suggestions to the members.

First. I think it will be admitted that the Chinese mode of taking opium, by smoking or inhalation, induces the peculiar sedative effects of that drug more powerfully and more speedily than when taken into the stomach.

Second. There can, I believe, be little doubt, that these effects are produced chiefly, if not entirely, through the medium of the nervous system, and not by digestion, absorption, and the circulation.

Third. It does not appear that the casual or temporary smoking of opium is more dangerous or injurious to the constitution than that of swallowing the drug, whether in substance or solution. On the contrary, I believe it is less so, and not so likely to impair the functions of the stomach, liver, and bowels, as when directly applied to the digestive apparatus.

Fourth. The *habitual abuse* of a drug, by which, in fact, it is converted into a poison, is no argument or reason against its occasional exhibition as a remedial agent.

Fifth. If the above observations be admitted as rational, I see no reason why we should not employ the Chinese mode of inhaling the fumes of opium, in certain dangerous and painful maladies, where the common mode is found to be inefficient, and attended with great derangement of the digestive organs. It is clear that we can very seldom induce that profound sleep and insensibility to all mental misery and corporeal pain, by opium taken into the stomach, which we find to be produced by the inhalation of its fumes acting directly on the brain through the medium of the nerves. Might not the Chinese mode, then, be adopted in tetanus, hydrophobia, tic-douloureux (especially of the facial nerves), violent spasms, and painful diseases that defy the power of opium taken in the common way?

The various preparations of morphia might be easily smoked by means of a common pipe, and the powerful effects induced in a very short space of time, without the possibility of their being rejected by the stomach, or prevented from acting energetically on the sensorium, and throughout the whole nervous system.—*London Lancet*.

INTERESTING CASE OF A BLIND AND DEAF MUTE.

[In the tenth Annual Report of the Trustees of the Perkins Institution and Massachusetts Asylum for the Blind, Dr. Howe, the Secretary, has reported two new cases, occurring in that Institution, of blindness connected with loss of hearing and speech, with further remarks on the two previous cases of Laura Bridgman and Julia Brace. One of them we extract, and may hereafter refer more particularly to the other. The subject of this distressing affliction is a boy named Oliver Caswell.]

This lad was born November 1, 1829. He continued in health and

in the possession of his senses until he was three years and four months old. He was considered a bright boy, and could prattle as freely as any child of his age.

He was then attacked by scarlet fever and *canker-rash*; at the end of four weeks it was perceived that he could not hear, in a few weeks more his sight began to fail, and he soon became entirely blind.

He continued to articulate for some time, but with less and less distinctness, until, at the end of six months, he lost all power of articulation. He used then to feel of his own lips, and those of others, when talking, probably to ascertain whether he had them in the right position.

As soon as he recovered his health he re-commenced the process of examining everything about him, with which all children begin their acquaintance with the world. He first examined and became familiar with his chamber, then the rest of the rooms in the house, then ventured out into the yard, and in the course of a few years explored the way to the neighboring houses. He felt and smelt of everything that he could lay his hands upon. His father is a ferryman, and he often took the boy with him in his boat, which greatly pleased him. He seemed to be a bold child, and would caress dogs and cats. He has been known to call fowls around him with crumbs of bread, and suddenly to grab one of them, to feel of it, smell of it, and then let it go.

He had never seen a dead person. A horse which he had known, died, and he recognized it, and seemed much agitated; for several days he made signs about it, and lost his appetite, as his mother thinks, in consequence of his agitation.

He was present at the killing of a hog, and was made to understand the operation; also that the pork was part of the animal, but he did not object to eating it.

He was fond of teasing cats, and generally inclined to fun. He could make many of his wants understood by signs.

He was, however, ungovernable, and when thwarted in any way he became very violent, braying, striking, and kicking furiously.

Such was the account which I gathered from his parents. I first saw the boy three years ago, but could not then persuade his parents to part with him.

They finally brought him and committed him to my charge on the 30th of September last. He was then a stout, thick-set boy, rather short of stature, with light hair, fair complexion, and a most pleasant expression of countenance. He seemed perfectly docile and confiding, and his intelligent look and eager gestures proclaimed that there was intellect enough within, could one but establish the means of communication with it.

His thirst for knowledge proclaimed itself as soon as he entered the house, by his eager examination of everything he could feel or smell in his new location. For instance, treading upon the register of a furnace, he instantly stooped down, and began to feel of it, and soon discovered the way in which the upper plate moved upon the lower one; but this was not enough for him, so laying down upon his face, he applied his tongue first to one, then to the other, and seemed to discover that they were of different kinds of metal.

His signs were expressive, and the strictly natural language, laughing, crying, sighing, kissing, embracing, &c. was perfect.

Some of the analogical signs which (guided by his faculty of imitation) he had contrived, were comprehensible, such as the waving motion of his hand for the motion of a boat, the circular one for a wheel, &c.

The first object was to break up the use of these signs, and to substitute therefor the use of purely arbitrary ones.

Profiting by the experience I had gained in the other cases, I omitted several steps of the process before employed, and commenced at once with the finger language. Taking, therefore, several articles having short names, such as key, cup, mug, &c., and with Laura for an auxiliary, I sat down, and taking his hand, placed it upon one of them, and then with my own, made the letters *k e y*. He felt eagerly of my hands with both of his, and on my repeating the process, he evidently tried to imitate the motions of my fingers. In a few minutes he contrived to feel the motions of my fingers with one hand, and holding out the other he tried to imitate them, laughing most heartily when he succeeded. Laura was by, interested even to agitation, and the two presented a singular sight; her face was flushed and anxious, and her fingers twined in among ours so closely as to follow every motion, but so lightly as not to embarrass them; while Oliver stood attentive, his head a little aside, his face turned up, his left hand grasping mine, and his right held out; at every motion of my fingers his countenance betokened keen attention—there was an expression of anxiety as he tried to imitate the motions—then a smile came stealing out as he thought he could do so, and spread into a joyous laugh the moment he succeeded, and felt me pat his head, and Laura clap him heartily upon the back, and jump up and down in her joy.

He learned more than a half dozen letters in half an hour, and seemed delighted with his success, at least in gaining approbation. His attention then began to flag, and I commenced playing with him. It was evident that in all this he had merely been imitating the motions of my fingers, and placing his hand upon the key, cup, &c., as part of the process, without any perception of the relation between the sign and the object.

When he was tired with play I took him back to the table, and he was quite ready to begin again his process of imitation. He soon learned to make the letters for *key*, *pen*, *pin*; and by having the object repeatedly placed in his hand, he at last perceived the relation I wished to establish between them. This was evident because, when I made the letters *p i n*, or *p e n*, or *c u p*, he would select the article.

The perception of this relation was not accompanied by that radiant flash of intelligence, and that glow of joy which marked the delightful moment when Laura first perceived it. I then placed all the articles on the table, and going away a little distance with the children placed Oliver's fingers in the positions to spell *key*, on which Laura went and brought the article; the little fellow seemed to be much amused by this, and looked very attentive and smiling. I then caused him to make the letters *bread*, and in an instant Laura went and brought him a piece; he smelled at it—put it to his lips—cocked up his head with a most knowing look—seem-

ed to reflect a moment—and then laughed outright, as much as to say, “aha! I understand now how something may be made out of this.”

It was now clear that he had the capacity and inclination to learn, that he was a proper subject for instruction, and needed only persevering attention. I therefore put him in the hands of an intelligent teacher, nothing doubting of his rapid progress.

I will not now go much into the detail of the process of teaching him words, as it is similar to that given in the case of Laura; suffice it to say, he has learned about a hundred nouns, and some adjectives, which he uses with the nouns, making a sort of compound substantive. Sometimes he uses a noun in a verbal sense, in short, uses language much as a child who is just beginning to talk.

One or two examples will show his manner of using the few words which he has learned. Coming up to his teacher he spelled upon his fingers, *F r e d*, meaning that he wanted Frederick; she went with him to the room where Frederick usually sits, but he was not to be found, when Oliver spelt *F r e d—S m i t h*, meaning that Fred. was in Smith's room, and went there to find him. Having no explicative terms, he of course must turn his few words to every possible use, and make a noun serve for adjective, verb, adverb, preposition and conjunction.

At another time, wishing to say that he had cut his finger with a plane, he said, *cut—plane*. Of course this often causes great ambiguity, as in the following case: the carpenter had been to repair the boat, and Oliver accompanied him; returning, he said, *Bradford—break—boat*; doubtless, meaning Bradford mended a break in the boat, but he did not know the word mend. On another occasion, learning that Frederick had broken a pane of glass, he said, *Fred—window—break—glass*.

A little reflection will show any one that he can eke out his meaning just as other children do, by signs. When it was attempted to give him a name expressive of the quality of objects, a difficulty occurred immediately: he knew the names of key, door, watch, and when his teacher spelled either word, he would go to the table and select it; he knew, too, the nature of each, showing by signs that a door-key was to lock a door, a watch-key to wind a watch, yet the compound word, watch-key, gave him no idea of the thing. Nevertheless, as I said, he uses verbs and adjectives, that is, he uses signs significant of actions and qualities; he holds up a key and makes the letters *k e y*, that is the noun; he then makes a sign for turning the key, which sign is the verb.

We see the same process in little children; they first learn the name of an object, and for a long time use the name to express whatever idea they may have of the thing: a child will say *mamma! mamma!* to express the perception or knowledge of its mother, using only a noun; but if it wants its mother, it says, *mamma* (a noun), and stretches out its arms, which motion is a verb, or a sign significative of its desire. When its vocabulary is increased, it substitutes a vocal for the natural sign, and it says, *want mamma*, still stretching out its arms, because the original sign is still suggested by the thought; until by long use the word *want* becomes the most familiar sign of the idea, and then it says, *I want mamma*, and drops the original sign of stretching out its arms. Still

it is curious to observe how long the original sign will linger in the memory. On all ordinary occasions, the child uses the word *want* as a substitute for the original sign of stretching out the hands, but when it is frightened or much agitated, when its little soul yearns strongly for instant contact with its mother, it resorts immediately and spontaneously to its first sign, it stretches out its arms, and without saying *I want*, cries *mamma* !

Now it will not be until Oliver has become accustomed to use words freely as substitutes for his signs of things, that he can be expected to resort to adjectives, verbs, &c. ; in this respect, I fear he will never equal Laura, because he has not her quickness of thought, and delicacy of organization. Nevertheless, I consider his progress to the acquisition of a considerable familiarity with arbitrary language as certain, provided he can have patient and long-continued instruction.

I will give an instance of his temper, as a specimen of what would have been his conduct had he gone on without any training. Soon after the lesson which I have described above, at which I left him, so interested and so joyous, I returned and found the scene sadly changed. Master Oliver was in the sulks ; his countenance, so lately bright with joy, was now dark and lowering ; his head was drawn in between his shoulders in the attitude of caution and defiance ; and his whole appearance denoted wrath and dogged obstinacy. He had in play thrown something on the floor, and his teacher took his hand to place it upon the object, and make him pick it up ; he refused, perhaps in play ; and though his hand was on the object, would not grasp it. The teacher, thinking it necessary to conquer him, continued to hold his hand on the object, at which he seemed displeased, and at this juncture his mother joining to urge him, he flew into a passion. He had never been controlled, and his animal nature was now aroused : a colt could not start away more restive, when the saddle is first placed on his back, than did Oliver when I placed my hand on his head ; and when I repeated it, he flew at me, hands and feet, as furiously as a madman. I saw at once that without a cruel scene I could not conquer him, but resolved to accomplish what he must have perceived I intended to do, that is, caress him, and sit beside him. He resisted furiously when I attempted this, striking, kicking and scratching ; but when he saw I warded off his blows or did not mind them when they hit, and that his nails had been cut too short to pierce my skin, he quickly curled down his head and bit at my hands. He was strong and active as a young savage, but I continued to grasp and hold his wrists, and after a few convulsive efforts he desisted at a lucky moment for me, and roared out lustily ; not crying, he was too much enraged for that, but sprawling his jaws wide open, and emitting a hideous noise, partaking of a bray, a roar, and a yell. I then relaxed my grasp, and although he did not fly at me, he pushed off my hands when I attempted to pat him on the head, nor would he suffer any endearment for half an hour. I still persevered, however, and at last succeeded in kissing him ; and though he was sullen, the storm was dispelled by the odor of some cologne water with which I seduced his senses. I was very much afraid that he was not conquered, and that a painful scene would

have to be enacted the first time I could be sure that he understood my meaning and will, and refused obedience; because he must be taught to obey, or else every time his passion should be roused he would be mischievous; and when grown up might *run a muck*, which would be dangerous. I have been, however, most agreeably disappointed, for from that time to this he has been perfectly docile, and very affectionate, never in one instance meeting me without a smile and a caress.

Once, indeed, he was teased by a boy beyond his endurance, and attacked him furiously; the boy got away, and Oliver groped around till he found some one to whom he eagerly expressed his wrath, by pointing for the boy, and drawing his hand across his own windpipe, as if to say, "I'll cut his throat," putting on, at the same time, a very ferocious look. He evidently had not forgotten the lesson he had learned at the pig-slaying exhibition, which had so unwisely been explained to him.

I regret that the length to which this Report is already swelled, will not permit me to dwell longer upon this interesting boy, who has a manly, courageous temper, an amiable and affectionate heart, and a good intellect; and who will, I doubt not, become an intelligent and useful man.

COUNTER-EXTENDING BANDS IN FRACTURES.

BY REYNELL COATES, M.D., PHILADELPHIA.

THE following is a description of the counter-extending bands introduced by me many years ago, and well known to the profession in this city. They have been repeatedly described in former papers, and are of a nature to reduce the danger of excoriation of the perineum to a minimum.

Take a piece of brown Holland linen (not muslin) three and a half inches in width (for an adult), and long enough to extend from about six or seven inches above Poupart's ligament in front, around the perineum, below the tuberosity of the ischium, and thence upwards over the nates to the level of the summit of the sacrum. Double this strip in the direction of its width, and secure the edges by a firm longitudinal seam, leaving about a quarter of an inch of selvage. Then revert the linen tube thus formed, so as to throw the selvage inwards, and secure one extremity of the tube to three quarters of a yard of tape, without puckering or irregular folds. Choosing this for the anterior part of your band; determine how much of its length will probably be required to rest upon the front of the abdomen above Poupart's ligament when the apparatus is applied; fill this with bran, not tightly packed, and secure it in place by basting across the tube, until you can quilt it down firmly and flat with saddler's silk, making one of the flattened sides to correspond with the longitudinal seam. In the next place mark the probable length of that part of the band which will extend round the perineum, from Poupart's ligament fully to the tuberosity of the ischium; pick out the basting, and proceed gradually to stuff this portion of the tube with bran driven down by a round stick about an inch

thick, as firmly as possible, without endangering the bursting of the band or rendering it too inflexible for convenient application. Having accomplished this, fill the balance of the tube with unpacked bran; attach a similar piece of tape to the posterior extremity; close it and quilt it like the anterior extremity. This band presents a solid, but flexible cylinder, of one inch diameter to the perineum, with flattened extremities, bearing the weight of the pelvis or pressing upon the abdomen; it is almost perfectly inextensible throughout, and, by the flatness of the ends, the skin is effectually secured from contact with the longitudinal seam. The material is also one of the least irritating that can be employed; but, by the action of the perspiration and other accidents, the linen may become foul and the bran matted and hard. To remedy this evil, the round part of the cylinder should be inclosed in another tube, formed by lightly stitching together the edges of a strip of buckskin, face to face, without selvage; which is very easily done; and even this seam should be carefully turned from the perineum and scrotum when the tube is drawn over the cylinder. When occasion requires it, this buckskin tube may be replaced by another, without moving either the body or the limb of the patient.

The cotton and tow so frequently employed in stuffing counter-extending bands, are extremely objectionable, because they invariably become matted, irregular and knotty.

I am fully convinced that under proper attention to the hints given above, excoriation or ulceration of the perineum will never occur from the direct action of a counter-extending band, when the forces employed do not greatly exceed the necessary and warrantable amount.—*Medical Examiner.*

PES EQUINUS VARUS,

SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INFIRMARY, BY JOHN B. BROWN, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in No. 14 of your Journal, a communication from the Rev. Chauncey Eddy, dated Saratoga, N. Y., giving a representation of his son's case of club-foot; and happening to have in my possession the casts of the foot referred to, I take the liberty of sending you a wood-cut of the same, to be inserted in the Journal. I will observe that when Mr. Eddy's son first came under my care, there was no motion of the ankle-joint. Such was the rigidity of the muscles, that the tibia and fibula did not move on the astragalus. Now the motion is as free as in the other foot. Mr. Eddy says, in his communication, "Now it is about twenty months," &c. It is true, that from the time his son entered the Infirmary to the date of Mr. Eddy's communication, twenty months had intervened; but it may, perhaps, be well to observe, that the lad had spent three fourths of that time at his father's residence in Saratoga, N. Y. It is unnecessary to occupy your pages by giving a minute detail of treatment. Suffice it to say, that those tendons which

restrained and kept the foot fixed in its unnatural position, were divided, and some of them more than once.

FIG. 1.

FIG. 2.



In the above cut, fig. 2 represents the foot as it was before the lad was brought to me for treatment; fig. 1 shows it as it now is.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 25, 1842.

ANNIVERSARY MEETING OF THE STATE MEDICAL SOCIETY.

Much pleasure is evidently anticipated by the members on this anniversary. All the old vexatious questions that were matters of unsatisfactory discussion on two or three of the last meetings, are happily well disposed of, and there appears to be nothing now before the Society but its legitimate business. After the election of Counsellors, &c., and listening to the address by Dr. Williams, the orator, from Deerfield, there is to be a dinner. There is hardly a sufficient apology to be made by any physician in Massachusetts for not being present, with such facilities for reaching the metropolis as now exist in the various railroads leading to the city.

Medical Charities.—Here in Massachusetts, and particularly in Boston, all kinds of societies are successfully organized for meting out temporal blessings to the unfortunate—with one single exception. No provision has yet been made for the widows and orphans of our deceased professional brethren. This is a great oversight. In other places they have not been so long neglected. It is said of physicians generally, that they are humane to everybody but themselves. They never refuse to labor or pay taxes for any benevolent object, which is calculated to promote human happiness or avert impending misfortune. One crowning act is necessary in Massachusetts: a fund must be raised, by a regular system of assessment from year to year, the interest of which should be sacredly

appropriated to the exclusive use of the widows and children of those who contributed to the object, if they ever stand in need of pecuniary assistance. Although we have repeatedly urged this topic upon the consideration of wise and controlling Fellows of the Medical Society, nothing has yet transpired to encourage a hope of action. In one instance we were told, with an air of self-complacency, by one who probably felt that his posterity were beyond the possibility of poverty, that we had *nothing to do with the poor*. All that is true: at least, we have done nothing for that class; but, nevertheless, something should be proposed, and if it could be presented to the Medical Society this morning, we are quite sure that it would be well received. In New York a special meeting was held at the Lyceum of Natural History, for the express purpose of establishing a fund. No man, however wealthy, can foresee the condition in which misfortune may place his wife and children, after his death. By a little self-denial while in health and prosperity, we can and ought to make provision for the families of our less fortunate fellow-laborers.

Perkins Asylum for the Blind.—In the 10th Annual Report, a copy of which is respectfully acknowledged, Dr. Howe has produced a remarkably interesting series of facts for all classes of readers. Whatever relates to Laura Bridgman, the poor blind, deaf and dumb girl, is both new and extraordinary. The reports can be procured at the book-stores for a mere trifle. No more welcome treat could be sent to a distant philosophical friend, since the matter is novel, strange and exciting. The Institution is one of the charities of which all New England may be honestly proud, since it confers present happiness, and opens to the understanding of the poor sightless, the glorious prospect of a hereafter.

Louisville Academy of Medicine.—It seems that an association has been formed at Louisville, Ky., for giving a complete course of medical instruction. The Academy, at present, is in an elementary condition, but presents all the usual features of a regularly-constructed school. Eight chairs are provided, embracing anatomy, physiology, pathology, obstetrics, clinical medicine, surgery, chemistry, &c., which will be sustained by a strong faculty. Some how it looks very much like the incipient stage of a rival institution to the Medical Institute. There is something a little war-like in the appearance, since Drs. *Flint* and *Bullitt* are prominent members of the board of control.

Elements of Materia Medica.—An occasional set of Dr. Pereira's *Elements of Materia Medica*, an uncommonly attractive work, is brought to this country. Whenever offered in this city, the sale has been a ready one. In England the two volumes cost £2 10s., and Mr. Ticknor says the lowest price it can be sold for here is fourteen dollars. Even at that, which is really quite a large sum for a book in these times, the owner feels that he has the worth of the money. It is the most elegant, perfect and desirable treatise on the *materia medica* extant. If any publisher could be induced to republish it in this country, it is very certain that he would find it to his advantage. We have an impression that stereotyping would be the most economical method of bringing it out. Why some of the

bold publishing houses in Philadelphia have passed over such a promising field so long, is quite unaccountable. There was an eagerness manifested in throwing off editions of the Bridgewater treatises, which was altogether a more expensive undertaking, on account of the numerous copper-plate engravings: in Dr. Pereira's inimitable compendium of all that is worth knowing in one of the great departments of medical knowledge, all the illustrations may be executed on wood. We are not without a hope of seeing an American edition in the course of the summer—since the profit would probably be a generous one, even when sold at half the London price.

Treatment of Hernia.—Dr. Henry G. Clark, residing in Hanover street, in this city, has been induced to turn his attention to a branch of the profession which was very successfully conducted by the late lamented Dr. Leach, who resided in the same street. Those who were in the habit of consulting that gentleman in regard to the surgical treatment of hernia, may with equal confidence solicit the advice of Dr. Clark. We shall be gratified to hear that he is well sustained by an intelligent public.

Pessaries.—Notwithstanding the supposed improvement made in pessaries within the last few years, the kind invented by Dr. Brewer, constructed with a silver tube in the centre of a box-wood disk, has successfully outlived the most of them. Although very many have been manufactured already, the proprietor is about contracting for one thousand more, of superior workmanship. They can be procured at the well-known establishment of Messrs. Brewer, Stevens & Cushing, Washington street.

Inguinal Trusses.—Mr. Phelps, the ingenious surgical-instrument maker, Court street, believes that he has devised a truss that is altogether superior to every contrivance before known to the public. Not being sufficiently familiar with the principle of its action, or its mechanism, to describe the apparatus intelligibly, those who are interested in the progress of this division of the arts, are recommended to call at Mr. Phelps's and examine for themselves. In point of delicate finish, no man in Boston understands giving to brass, iron or steel, a higher degree of polish, a better spring, or a keener edge, than our diligent neighbor, the artist above mentioned.

Debility, producing Amaurosis, from the excessive employment of Tobacco.—Lieutenant * * *, a young officer of dragoons, applied to me in consequence of a decidedly amaurotic affection. His sight was so imperfect that he could not perceive small objects even when near him. He informed me he had been in this state nearly three months, and that he was daily getting worse. The disease was attended with great debility and emaciation. He was, he said, unable to account for its origin; but on further inquiry, I discovered that he was in the habit of smoking cigars and tobacco to such an excess, that he had brought on a spitting almost amounting to pytalism: he was what is called an amateur, and to support his pretensions to this enviable distinction, used frequently to begin smoking soon after breakfast, and continue this peniculous custom during half

the day without intermission. With much persuasion, I prevailed on him to leave off this silly modern accomplishment; though I had great difficulty in convincing him that this was the true cause of his disease. He, however, did abandon it; and, by so doing, and taking a little tonic medicine, his sight is now perfectly restored, and his health regained.—*Curtis's Treatise on the Eye.*

Medical Miscellany.—Dr. J. Kearney Rodgers, surgeon of the New York Hospital, has opened a private surgical retreat in that city.—Dr. Dunbar has resigned the chair of surgery and surgical anatomy in the Washington University, at Baltimore—and also retired from the hospital, with which he was connected. Dr. Baxley has been appointed his successor in the College.—Among the gentlemen invited by the Secretary of War to visit the West Point Military School, on the first Monday in June, are Dr. Churchill J. Blackburn, of Kentucky; Dr. Benjamin W. Maclin, of Alabama, and Dr. Frederick Hall, of Washington, D. C.—There will be an adjourned meeting of the Alleghany County Medical Society, N. Y., on Tuesday, June 14th, to take into consideration the propriety of adopting a code of by-laws, and of imposing a tax on the physicians of the County.—Dr. J. A. Allen, an eminent physician of Middlebury, Vt., has published an instructive article in the paper called the *Topaz*, on the epidemic erysipematous fever that occurred in that town in 1825-6 and in 1841-2, which should have been in a medical journal, to have met the eye of practitioners. It is a great mistake to write a professional essay for a newspaper, which is rarely seen by those for whom it is designed.—The Centreville (Ill.) Record says—in an advertisement—that the grave of Dr. S. G. Crawford will be opened to satisfy those “who will not believe he is dead.”—Bunge Thompson died on the 8th, in North Carolina, in consequence of the bite of a rattlesnake, twenty-four hours after receiving the wound just above the ankle.—A young physician, in Rome, is said to have discovered the means of petrefying dead bodies or parts of them, without changing their color materially. The process is effected readily in a few days. He has exhibited birds, fishes, flowers and human heads, beautifully changed to stone. This seems to be the art which was lost by the sudden death of Dr. Segato, of Florence, about four years ago.

MARRIED.—In Loudon, N. H., May 12th, by Rev. John Le Bosque, N. Quincy Tirrell, M.D., of Sutton, Mass., to Miss Susan Jane French, of the former place.—In Providence, R. I., J. B. Chapin, M.D., to Miss L. Valne.—In New York, Dr. Thos. F. Cock, to Miss Anna A. Wood.—At Nantucket, Mass., Dr. Henry Russell, to Miss Mary Mitchell.—At Quebec, Dr. J. R. Williams, surgeon of the 29th Regiment, just ordered to India, to Miss Jarvis, of that city.

DIED.—At Philadelphia, Dr. G. Platz, aged 33.—At Sutton, Mass., Dr. Artemas Bullard, 73—killed by falling from a barn scaffold.

Number of deaths in Boston for the week ending May 31, 48.—Males, 28; Females, 20. Stillborn, 2. Of consumption, 4—old age, 3—dropsy in the head, 2—infantile, 6—dys, 3—scarlet fever, 12—disease of the heart, 1—typhus fever, 1—throat distemper, 2—erysipelas, 2—debility, 2—tabes sacra, 1—inflammation of the bowels, 1—inflammation of the brain, 1—palsy, 1—bowel complaint, 1—teething, 1—lung fever, 1.

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1848.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, the 25th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, by Stephen W. Williams, M.D., of Deerfield. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend. Dinner at half past 3, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Counsellors will be held on the day following, at the Society's room, Temple, Tremont street, at 10 o'clock, A. M.

My 18—tm

GEORGE W. OTIS, JR.,
Recording Secretary.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter month.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAS. A. SEWELL, M.D.
JNO. RACY, M.D.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

ABDOMINAL SUPPORTERS.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JUNE 1, 1842.

No. 17.

CLINICAL LECTURE ON POISONING BY OXALIC ACID.

BY R. B. TODD, M.D., PROFESSOR OF ANATOMY IN KING'S COLLEGE, LONDON.

WHEN a large dose of this acid has been taken, or when it has been taken in a concentrated form, the symptoms set in quickly. In animals thus poisoned the symptoms are, exquisite abdominal pain, expressed by cries and struggling, soon succeeded by violent efforts to vomit, then by languor and debility, and death without convulsion occurs in from two to twenty minutes.

When much diluted the poison seems to act on the nervous system. In large doses it paralyzes the heart; in a less dose the animal is seized with tetanic convulsions, affecting the muscles of the chest and preventing their free action, and causing suffocation. When the dose is still less, the spasms are slight or altogether wanting, and the animal dies under symptoms of narcotism.

In man, death often comes on in a few minutes when a concentrated dose has been taken. If the poison have been diluted, the symptoms are, a burning pain in the stomach and sometimes in the throat; the pain is generally followed by vomiting. If life be prolonged there is violent irritation of the bowels, as evinced by pain and frequent inclination to go to stool, with bloody evacuations. The circulation is much depressed; the pulse fails, is very feeble; and the skin is cold and clammy. After some time there are weakness and lassitude of the limbs, followed by numbness. In a case recorded by Dr. Arrowsmith, an eruption of the skin, in circular patches of a deep red tint, perhaps erythema, came out, and the leeches which were applied to the stomach died almost immediately after they had bitten.

Such are the symptoms as detailed by Christison. Our patient, a strong young woman, was reported to have taken the poison about half past one. She was brought here about three, P. M. She went to a chemist's and asked for arsenic to clean boot-tops, but was told that that drug was not used for this purpose, but that oxalic acid was. She was given a paper labelled "*poison*," and the quantity was stated to be about the same as is usually sold for a dose of salts (a pennyworth). This, we are told, she swallowed, but not entirely; she took it in beer. No more was known respecting the act to those who accompanied her to the Hospital. They informed us that the cause of her committing this rash deed was a dispute with her mistress, but on further inquiry it appears that Cupid had a finger in the pie. The only symptom under

which she seemed to suffer was pain, yet evidently not exquisite. There was no failure of the pulse or the strength. We could not learn that she had vomited; there was no redness of the tongue or irritation of the fauces.

Notwithstanding the absence of the ordinary signs, I felt it my duty to act as if I were certain the poison had been taken. The ready antidote to the poison is lime, given as lime-water or chalk mixture. These were at hand, and I had her, therefore, well drenched with them, especially with the latter. I felt even that it was better to introduce these agents into her stomach at once, and to make a harmless oxalate of lime, than lose time in waiting for the effects of emetics to evacuate the stomach.

Some of you seemed disappointed that I did not use the stomach-pump. My reasons for this were—first, because the patient made no difficulty about swallowing, consequently the fluids we should have introduced by the stomach-pump were taken in much more easily and quickly, and without violence. Second, the great value of the stomach-pump is to pump *in*, not to pump *out*; and however it may be necessary in some instances to apply it to the latter purpose, it was not required in this, the neutralization of the acid being our great object. In pumping out there is danger of irritating the coats of the stomach, or sucking them into the tube, and as oxalic acid is an extremely irritant poison, I felt that this risk ought to be avoided. At a little before five o'clock the patient seemed composed; pulse 90, and stomach soft, but somewhat painful on pressure. She seemed sulky and reluctant to answer. She had been liberally dosed with chalk mixture. I prescribed half a drachm of sulphate of zinc, an emetic, and after its operation directed the chalk to be resumed. If signs of stomach or bowel irritation manifested themselves, leeches and fomentations were to be applied.

You have seen the patient to-day; she is now free from pain or fever, but she is reported to have suffered severe griping pain in the night, which, indeed, is almost the only symptom she has had.

It must be evident to you, from what I have told you of the ordinary symptoms of oxalic acid poisoning, that this patient took but a small portion of the drug, and that not in a concentrated form. This case has not, therefore, afforded you a fair specimen of the more striking effects of this poison, but it has given you an opportunity of observing the course of treatment which ought to be pursued in all cases of this kind, real or suspected, and therefore it has not been devoid of considerable practical utility. The too frequent occurrence of such cases cannot fail forcibly to impress upon us the lamentable want of some legislative enactment to prevent the indiscriminate sale of poisonous drugs. A fearful responsibility rests upon the venders of such articles, and it would seem that some stringent law upon this subject is as much to be desired for their protection as for that of others of the public.—*London Lancet.*

EXCISION OF A LARGE TUMOR UPON THE NECK.

BY R. D. MUSSEY, M.D., PROFESSOR OF SURGERY IN THE MEDICAL COLLEGE OF OHIO.

IN December, 1841, I was consulted by Mr. Jas. C. M'Dowell, æt. 34, of Mt. Carmel, Wabash Co., Illinois, on account of a large tumor on the right side of the neck, and received from him the following account of it.

The tumor commenced eighteen years ago, in the form of a lump, below the tip of the ear, of the size of a hazelnut, which was painful, and which on that account was thought to be mumps. The pain subsided in a few days, but the swelling and hardness remained. From that time the progress of the tumor was slow, and almost always without pain, till within the last eighteen months, during which time he had experienced a great deal of pain in the ear and on the side of the face. In 1828, between five and six years after the first appearance of the disease, and when the tumor was about the size of a hen's egg, he came to Cincinnati and took advice from the Professor of Surgery in the Medical College of Ohio, who declined operating, saying, "that the carotid artery must first be tied, or the extraction of the tumor would prove fatal in a few minutes; and besides, the right side of the face would be palsied by the division of an important nerve," &c.

The tumor presented, at the time above mentioned, viz., December, 1841, the following appearances: It was nearly hemispherical in form, with some tuberosities, extending from the lower part of the concha of the ear, which it crowded a little upward, to within an inch and three quarters of the clavicle, and antero-posteriorly from the anterior border of the cervical portion of the trapezius, to within two inches of the median line upon the chin, covering part of the larynx and trachea, and a large portion of the lower jaw. A line stretched from the anterior to the posterior edge of the base of the tumor, over its apex or pole, measured ten inches; and its circumference at the base was seventeen inches. The sterno-cleido-mastoid muscle was put in a state of tension upon the back part of the tumor, and seemed adherent to it. This large mass possessed a good degree of solidity, had no uncommon sensibility to the touch, could be made to glide slightly in the antero-posterior direction, showing that it did not involve the deep and large vessels, and most important nerves of the neck: the integument covering it was healthy looking.

I decided upon the practicability of its removal, and put the patient upon a farinaceous diet, with water only for his drink; and on the 11th of January, 1842, in the presence of several professional gentlemen, and a few friends of the patient, proceeded to the operation. The integuments and platysma were divided by a vertical and horizontal incision crossing each other at right angles upon the pole of the tumor; the flaps were carefully raised, and the mass slowly disengaged from the condensed cellular bands which shot from the neighboring parts, and from the mastoid muscle, a portion of the attenuated edge of which was removed. Some difficulty was found and a good deal of pain produced in detaching it from the infra auricular and infra maxillary tissues, but no

important bloodvessel was wounded or muscle mutilated, except the mastoid: nor nerve injured, except a descending branch of the facial, by which a slight displacement was given to the integuments of the chin. The angle of the mouth kept its natural position. There was less than a pint of blood lost, and the patient, though somewhat faint for a short time during the operation, causing a little delay, had so far rallied as to be comfortable during the application of the dressings, and after he was carried to his bed. The following night he was restless and had considerable pain with irritative fever, which were soothed by an anodyne dose with spiritus mindereri.

After the first night Mr. M'Dowell was comfortable—the wound healed kindly, and in four weeks he left the city to visit his friends. Within the last few days we learn by a gentleman directly from his residence, that he is in sound health and good spirits.

For the purpose of safely extracting large tumors from the neck, it can rarely be necessary to ligate the carotid artery as a preparatory step. By carrying the dissection close to the morbid growth but little risk is incurred, unless in the fungoid growths, which sometimes completely encircle large vessels and important nerves; and with these there is but little encouragement for an operation.

The slow progress of the tumor, together with its solidity and freedom from irritation, served to mark it as a morbid structure of mild character; and yet from the frequent and strong pains induced by mechanical tension of sentient nerves in its neighborhood during the last year and a half, it might ultimately have kindled up an action, the result of which would be obstinate or incurable ulceration; but, as it is, the operation will almost certainly be followed by entire exemption from the disease.

The superficial portion of the parotid gland was not to be observed distinct from the tumor; indeed there was no obvious trace of any part of it remaining. Like most tumors of slow growth, occupying the site of the parotid, it commenced, in all probability, in a lymphatic gland, and by pressure during its progressive and protracted enlargement, it had caused an entire absorption of so much of the parotid as came in its way.—*Western Lancet*.

CASE OF HYDROPHOBIA.

BY JOHN HARRISON, M.D., PROFESSOR IN THE MEDICAL COLLEGE OF OHIO.

DECEMBER 24th, 1841.—Patrick Brown aged 40, a laboring man, addicted to the excessive use of ardent spirits, was brought into the Commercial Hospital of Cincinnati to-day. The day before his admission he was seen by myself at the request of Dr. Bonner. When visited decided symptoms of hydrophobia were present. Great dread of water, restlessness, insomnia the night preceding, and a wild haggard look, with rapid pulse, were the predominant symptoms. Three weeks ago he had been bitten on the hand by a young dog, which was immediately killed.

The wound healed kindly, and he suffered no inconvenience whatever from the bite. Two days before the appearance of any distress of the system, he had joined the Temperance Society. The following account of the phenomena exhibited by the disease, we copy from the Hospital Record Book.

December 24.—Patient is in a great nervous excitement, pulse rapid and weak, countenance haggard, eyes sunk and staring, he talks constantly and very fast, appears to be rational, foams from the mouth, by attempting to swallow he is taken with cramp about the pharynx; cold air seems to have a similar effect—blindfolding likewise; he swallowed about a drachm of water with difficulty. Ten grains of the powdered root of belladonna were administered at noon. After which he refused to take medicine; seems frightened, and under an impression that some persons are going to shoot him, or blow him up; does not dread the aspect of water, nor the touch of it; he puts his hand into water and washes his forehead and face, and allows his face to be washed. Cold air has no effect on him.

Evening. Patient has been raving mad the whole afternoon; frothy, sticky saliva running from his mouth; the whole body covered with a cold, clammy sweat; has kept a brickbat in his hand, for fear that persons were going to kill him, until he was overpowered and his hands secured; the idea of being destined to be shot or blown up is predominant with him, occupies his imagination and excites him. Injections of *assafoetida* are given, and he is made to swallow belladonna rad. pulv., gr. x. He is more quiet now; tongue covered with white fur; has had a yellow fluid stool; fear prevailing yet.

25.—Patient has been awake the whole night, walking in his room until 2 o'clock, A. M.; then he became noisy again, kicked against the door, asked for water, and took two good swallows without cramps; afterwards he had to make some exertions again, to settle his stomach, as he said, before he could swallow. No symptoms of hydrophobia; sees and feels water; is not raving, but the fear of being killed predominant. *Assafoetida* injections were again given, and tinct. valerian and laudanum prescribed, but he would not take it; asked for whisky. In the afternoon he became more exhausted, and laid down on his bed; he was washed with warm brandy, and wrapped in hot blankets. He continued to refuse taking anything, brandy as well as other liquids. Died at 8 P. M., 26th. Post-mortem examination was not permitted by his wife. This morning it was found that blood and some yellow matter had run out of his nose."

The above interesting, and, I may add, perplexing case, affords illustrations of the ambiguity which still rests on the whole nature and peculiar symptomatology of hydrophobia, or rabies canina. Several points are well established in the brief history and rapidly fatal issue of Brown's malady, whatever designation it may receive. First, that he was bitten by a dog; second, that the wound healed up with no severity of local irritation; third, that when first seen by myself, with Dr. Bonner, his attending physician, the symptoms bore a very close resemblance to those characteristic of hydrophobia; and fourth, the quick termination of the

attack in death proved its exceeding violence. On the other hand, his sudden abandonment of his accustomed stimulus, with the facility in the course of the disease with which he allowed water to come in contact with his skin, and with which he drank it, would, on the first view of the case, seem to demonstrate that it partook more of delirium tremens than rabies canina. There was a general concurrence of opinion on the part of all the medical gentlemen who visited him, at his own house, and on the first day of his admission into the Hospital, that it was a decided exemplification of hydrophobic disease. The best authorities assure us that the dread of water is not to be considered the pathognomonic symptom of this terrific malady, but that the entire group or concourse of phenomena must be taken into consideration, in order to form a just estimate or *rationale* of the nature of the attack.

We perceive no grounds to doubt but what a modification may have been impressed on the character of the case by the previous habits of the patient. It has often happened that the irritation induced by the contact of the hydrophobic virus has remained latent in the system till some exciting cause, of a perturbing kind, has thrown the nervous function into a violent state of action. And the same remark applies to tetanus, between which and rabies there exists one prominent point of resemblance, as far as their pathology is concerned.

The local irritation produced by a wound in the foot or hand has remained latent for days, and even weeks, till the patient has been exposed to a damp, cold atmosphere, or has committed some impropriety in diet, and then the tetanic symptoms have made their appearance. As no poisonous matter is concerned in the production of the constitutional irritation, termed tetanus, so we analogically infer that no virus is absorbed and veritably present in the blood, subsequent to the infliction of the wound, and the inoculation of it with the peculiar secretion from the mouth of the mad dog. Spontaneous attacks of hydrophobia have, it is stated, occurred in the human subject, but of the truth of this we have our doubts. That the dread of water is sometimes present in hysterical attacks there is no just room to question, but such a phenomenon is found in such cases to be accompanied with other manifestations of the true pathological condition of the system, as at once to deprive the symptoms of all its alarming features.

The excision of the bitten part is the only expedient that any skilful physician will rely on; and as respects the method of cure, after decided symptoms of the disease have arisen, thus far the profession have only to lament the imbecility which besets all the measures (and they have been almost as multiplied as the drops of the morning dew) that have been tried.—*Ibid.*

**CASE OF COMPOUND COMMUNUTED FRACTURE OF THE JAW.—
USE OF WIRE LIGATURE. TREATED BY A. B. SHIPMAN, M.D.**

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I am authorized to report the following case, which I send to you for publication, if you think it worthy.

August 30th, 1841, Mr. Ryan, of Virgil, Cortland Co., N. Y., æt. about 25, was at work with a threshing machine. He was standing near the hopper, when, some of the gearing becoming deranged, the cylinder burst, and, together with its appendages, was shattered in pieces and hurled in every direction, throwing him violently the distance of several feet from where he was standing, and burying him in the fragments of the machinery. He was immediately extricated, and conveyed insensible to his house, a few rods distant. A messenger was immediately despatched for a surgeon, Dr. A. B. Shipman, of this town. I saw the patient in company with Dr. S., but not until five hours after the accident, as it was several miles distant. Found him in great suffering, and presenting a truly pitiable spectacle. His head and face shockingly contused and very much swollen; a compound fracture of the lower jaw; a punctured wound under the chin, extending through the integuments and sub-lingual tissues; a severe contusion in the posterior cervical region, and a laceration upon the right cheek, exposing the os malar; ecchymosis of the eye; pupils dilated, and other symptoms of concussion. Though there was much swelling of the parts, the nature and extent of the fracture was readily ascertained. The inferior maxillary bone was fractured upon the right side, between the last two molars, also upon the same side between the dentes cuspidatus and lateral incisor, and upon the left between the cuspidatus and bicuspid. The fractures were nearly transverse. The anterior fragment was drawn very much downward and backward by the digastricus and other maxillary muscles acting as depressors, but the right lateral fragment was retained in its natural position by the levators. The extensive injury of the soft parts at this time was thought an objection to the application of paste-board and bandages according to the usual method. After determining upon the proper mode of treatment, apparatus being prepared, the depressed fragment was brought in apposition with the portions which retained their normal position. The teeth contiguous to the fracture being firm, a small wire was passed around those adjoining and fastened so as to retain the fragments in apposition. These were applied upon both sides, and a bit of lint introduced to prevent the irritation of the wires. The wounds were then dressed with adhesive plasters; a small compress applied under the chin, and retained by a bandage passing over the head and drawn moderately tight so as to support the lower jaw and keep it applied to the upper. A cathartic was administered, and the patient, comparatively comfortable, was left in the care of the nurse, with directions to apply lotions of spirits and water occasionally to the contused wound, and give such food as could be taken without much difficulty. On the following day considerable re-action came up; throbbing pain in the head; pulse quick and violent, and considerable constitutional disturbance. Patient has not much recollection of what transpired on the preceding day. Bloodletting to a moderate extent, and a gentle cathartic was made use of. From this time no unpleasant symptoms arose. The ligatures were removed in about four weeks. The cure progressed kindly and rapidly, and at the end of six weeks was complete, leaving no deformity.

Remarks.—In this case the fracture was apparently the result of a blow upon the anterior of the jaw to the right of the symphysis, by one of the iron teeth from the cylinder of the machine. The extensive injury about the jaw rendered the application of pasteboards, &c., at the time impracticable; and yet something was requisite to preserve the fragments in coaptation. The ligature was therefore obviously indicated; and I think the wire preferable to the silk ligature, as it may be made more effectually to prevent all motion of the fragments.

Cortlandville, N. Y., May 20th, 1842.

H. O. JEWETT.

THE FRIENDS' ASYLUM FOR THE INSANE.

[FROM the twenty-fifth annual report of the Friends' Asylum, located near Philadelphia, and under the care of Dr. Charles Evans as Attending Physician and Dr. Pliny Earle as Resident Physician, we gather the following particulars respecting the success of the Asylum during the past year, with the general remarks attached.]

The whole number of patients under care during the year, ending on the 1st instant, has been 97; of whom 39 have been admitted, and 36 discharged; 3 have died; 13 were restored—4 much improved—10 improved—and 9 without improvement. Of the patients remaining in the Asylum, 1 is restored—6 much improved—3 improved—and 48 without improvement. The average number during the year is 54 and 10-12; being less than reported last year, and a larger number of old chronic cases.

The proportion of cures in the 635 patients who have been admitted to the institution is 41.41 in every hundred: but if we deduct the 68 cases which, at the time of admission, had been deranged more than 10 years, and which included 24 who either were idiots, or had been imbecile from puberty; 7 cases complicated with epilepsy, and 6 which entered the Institution with the paralysis peculiar to the insane, it leaves 554 cases, properly subject to treatment, and the cures are in the proportion of 47.47 in every hundred.

The per centage of cures in cases of less than a year's duration, taking the whole 25 years, is 57.10. Within the last 10 years, it has been much greater. Nearly all of this class discharged as "much improved," were almost well; but either pecuniary considerations or the anxiety of their friends, occasioned their removal as soon as the disease was so far overcome as to render their restoration probable; and in many instances, information was afterwards received of their perfect recovery.

During the last few years, increased attention has been given to the statistics, or the results of treatment, in the various institutions devoted to the insane. This increased desire for more extended information had elicited additional data, so that during the last year, a table of the statistics of twenty-seven asylums, giving the results of treatment of 51,395 patients, was compiled by the Resident Physician, and published in Philadelphia. This is the most comprehensive table of the kind ever printed

in this country ; but by information more recently received, from both this country and Europe, we have now before us the statistics of 58 asylums, presenting an aggregate of more than 108,000 patients. Of these asylums, 14 are in the United States ; 16 in England ; 5 in Scotland ; 12 in Ireland ; 4 in France ; 2 in Holland ; 3 in Italy ; and 2 in Germany.

The average of cures upon the whole number of admissions, in 8 English "Voluntary or Endowed Benevolent Institutions," is 44.87 per cent. ; and that of 8 pauper asylums of the same country, is 37.35 per cent. Among the latter, however, in those of Wakefield and Gloucester, the average is more than 44 ; and in those of Nottingham and Stafford, more than 43 per cent. The average in 11 Irish asylums is 45.91 ; and in 5 Scotch asylums, 45.09 per cent.

In the Congressional bill authorizing the census of 1840, it was ordered that returns should be made of the idiotic and the insane, in the several States which constitute the Union. This requisition was partially fulfilled ; and by the returns it appears, that in the United States there are, of idiotic and insane whites, 14,518 ; of whom 4,339 are supported at the public expense ; and of colored people, 2,926, of whom 833 are supported in a similar manner.

There are several circumstances which must operate as preventives to a *complete* return of all persons laboring under either congenital idiocy, or an attack of mental alienation. Dr. Brigham, of the Hartford Retreat, remarks that he "knows" the returns from Connecticut are "considerably less than the actual number ;" and furthermore, that "in the State of New York, according to the late census, there are but 739 supported at the public charge ; while, according to the late returns of the superintendents of the poor of the State, there are 1058." We fully coincide with this writer in the opinion, that the returns from the several States "do not exhibit more than two thirds of the actual number." It appears that the proportion of insane to the whole population is much greater in the long-settled States bordering upon the Atlantic, than in those which have more recently been peopled, west of the Alleghany mountains.

The increased and still increasing interest in the welfare of the insane, cannot fail to awaken grateful emotions in every philanthropic mind. If there be any class of our fellow beings who, in a paramount degree, should obtain the sympathy and the benevolent exertions of every lover of his race, it is, unquestionably, the insane. They claim this pre-eminence in the attention of the philanthropist, not less from the unnecessary misery, wretchedness and tortures to which they have heretofore been, and in some place, still are subjected, than from the helpless and sorrowful condition to which a large portion of them are reduced by the very nature of their disease.

Of the eighteen asylums, exclusively for the insane, in actual operation, at the present time, in the United States, that which is under your supervision was established at an earlier period than any other, with the single exception of the one at Williamsburg, Virginia. A quarter of a century has elapsed since the Friends' Asylum was opened for the recep-

tion of patients. During that period, the population of the country, and with it, the number of the insane, has been greatly augmented : that revolution which had then just commenced, in the management of those who are suffering under mental alienation, has been completed ; the law of true kindness, and correct principles of physical and moral treatment, have superseded the employment of excessive corporeal restraint, coercion and punishment ; with increased resources by the means of which to prosecute a practical benevolence, that true philanthropy which recognizes every fellow being as a brother or a sister, has brought into existence numerous institutions, in which the poor, as well as the rich, are made partakers of the comforts of life, and furnished with every means which may contribute to the restoration of health.

In the improvements of asylums corresponding with this general progress, it is believed that the one under your care has, in a good measure, kept pace with those which have more recently been established. There are few institutions of the kind, in which the facilities for an enlightened moral treatment are superior, if equal, to those of the Asylum near Frankford.

The garden, park, woods and fields in summer, the carpenter's and the basket maker's shop and a course of lectures on chemistry in winter ; the library, circular rail-road and horses and carriage, at all seasons of the year, afford adequate means for occupation, recreation and amusement. In warm weather so general is the resort to these, that during the past season it was not an unusual occurrence for twenty-five of the thirty men patients, to be entirely away from the Asylum building, distributed in the fields, at the library and elsewhere. Manual employment still proves, as heretofore, the most effectual of the "moral means," for the promotion of a cure in the curable, and in making those more comfortable and contented, in whom the disease appears to have become permanently established. But, while this pre-eminence is accorded to useful labor, we cannot entirely overlook the evident utility of recreation and innocent amusement. During the past season, a patient laboring under the delusions of the most abject melancholy, was admitted into the Asylum. In his opinion all mankind had been brought to "ruin and destruction," by the acts of himself alone. To him, the smoke ascending from a chimney indicated the commencement of a general conflagration of the universe ; a conflagration imposed upon all created things, in retribution for the sins which he had committed. By long persuasion, he was induced to assist in raking leaves in the grove ; but to his mind he gathered them for no good purpose. They were the funeral pile upon which he was to be immolated.

The first smile which was won from this unfortunate patient, appeared while he was playing at ball, a game in which he had been induced to engage, after repeated and prolonged entreaty. From that time his progress to recovery was constant and unusually rapid.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 1, 1842.

MEDICAL ANNIVERSARY.

AT the usual hour, on Wednesday last, the members of the Massachusetts Medical Society convened in this city at the Masonic Temple. As the transactions of the day will appear in the proper order of time in the Society's printed report, it is unnecessary to anticipate its official details. Dr. John Starkweather was expelled. Late in the afternoon the Fellows dined in the great hall of the United States Hotel, on a strictly temperance dinner—not a drop of wine appearing from beginning to the end of the feast. It will doubtless be hailed as a good omen, that the physicians of Massachusetts, in a body, have thus presented an example of temperance which is worth imitating by those who are influenced by medical opinions.

On Thursday, May 26th, the newly elected Counsellors convened at their rooms in the Temple, at 10 o'clock in the morning. Not having procured the names of the Counsellors in the different medical districts, those belonging to Suffolk alone are given to-day. They are as follows : Drs. J. Jackson, G. C. Shattuck, J. Bigelow, E. Hale, S. D. Townsend, J. Ware, Z. B. Adams, J. Jeffries, G. W. Otis, Jr., J. Morrill, W. Lewis, Jr., D. H. Storer, J. Flint, J. D. Fisher, C. G. Putnam, J. Homans, W. Strong, C. T. Hildreth, and J. V. C. Smith. Dr. Wyman, President of the Society, declining to be a candidate for re-election, on the first ballot Dr. Jacob Bigelow, of Boston, was chosen, and Dr. Robert Thaxter, of Dorchester, was chosen *Vice President*. Dr. S. D. Townsend, *Corresponding Secretary*. Dr. S. Morrill, *Recording Secretary*. Dr. W. Strong, *Treasurer*. Dr. W. Lewis, Jr., *Librarian*. Drs. J. Jeffries, Z. B. Adams, A. Hooker, W. Lewis, Jr., and G. W. Otis, Jr., *Censors at large, and for the First Medical District*.

A *Medical History* of the County of Franklin was the title of the discourse by Dr. Williams on Wednesday, which will also appear in the regular course of the Society's publications.

Brodie on the Joints.—The present season, this work, from the press of Mr. Marvin, in Congress street, was distributed to the Fellows of the Medical Society. It makes the twelfth consecutive volume of the Library of Practical Medicine, published by order of the Massachusetts Medical Society, for the members. So well and extensively known are the productions of Sir Benjamin Brodie, that any comments on his treatise upon the Diseases of the Joints would be quite superfluous. It would not be amiss, however, to remark that the value of this American edition is enhanced by the fact that the title-page announces it to have alterations and additions.

New England Quarterly Journal.—Although the regular time for the first number of this publication is the first of July, by a spirited effort on

the part of its conductors, it appeared last Wednesday. This number is highly creditable to the good taste, industry and judgment of the editors. There is not an original article in it that will not be prized by medical readers, and gain much abroad for the scientific character of the writers. It would not be exactly fair to copy, as it might prevent some from patronizing the work, if they could get the pith and marrow through some other channel. Gentlemen of sound discretion, whose opinions have weight in the medical community, unhesitatingly say that a *Journal* of this kind is wanted. If it is not sustained, since its advent is made under very propitious circumstances, it will be a reproach to the profession of New England. In the first place, it is cheap—three dollars, only, a year; the originality, also, of the papers, and the high sources from which they emanate, must command the respect of all who have any acquaintance with the standing of the authors. With such efforts as are contemplated, we hope for the long life, prosperity and commanding influence of the *New England Journal of Medicine and Surgery*.

Western Lancet.—*Lancet* is becoming a favorite name for a medical journal. There are now two in the United States, one in London, and one in France—and perhaps more. The youngest of the whole was issued at Cincinnati, the first of May, under the editorial control of Leonidas Moreau Lawson, M.D., in an octavo form of forty-eight pages, to appear hereafter monthly—price \$3 per annum. Several journals have been launched at the West within less than twenty years, but they were suffered to languish and finally die, for a want of that encouragement for which no other interest was ever known to go a begging in the enterprising city and neighborhood of Cincinnati. If Dr. Lawson does not succeed, no one can, as it must then be evident that a general apathy towards home talent and industry predominates where there should be patronage, scientific effort and unceasing ambition to sustain a medical press. Perhaps we are, to some extent, selfish in all this, since we are, in a measure, deprived of a knowledge of the progress of the profession over the vast domain of the Western States, if their own journals cannot be fed with appropriate nutriment.

Dr. Lawson has our best wishes for success, which he gives evidence of desiring to merit from all his readers. He must expect, however, slow payments, and warm promises of literary assistance which will never be rendered; but, with the exercise of that degree of patience which characterizes all medical editors, and an untiring devotion to the cause he has espoused—the dissemination of knowledge that promotes human happiness—in the end he may have the satisfaction of knowing that "all is well that ends well."

Pharmacopœia of the United States.—The *New York Medical Gazette* speaks of having received a copy of the third decennial edition of this work. It is very singular that a publication of such importance as that should be, has not been sent to this market. Since the *Pharmacopœia* is designed for the whole United States, it ought to circulate beyond New York, where, thus far, it appears only to have been seen. One of the great mistakes of publishers at the south of Boston, is in not anticipating the patronage of the north. If medical books are worth having any where, they are so here; and yet it is no uncommon circumstance to find, in that

direction, elaborate notices of publications that rarely get this way till the curiosity which their announcement excited at first, has entirely passed away. Messrs. Wiley & Putnam might, with a hope of ultimate advantage, enter upon their order-book Boston, Salem, Portsmouth, Portland, Providence, &c. &c., which are places where good books find a quick sale. Although apprized that a specimen volume is on the way for ourselves, we have a strong wish that others should have a chance of buying it if they choose.

Boston Medical Dispensary.—Within a day or two the Dispensary physicians of the city have had a meeting in regard to petitioning the trustees of the Dispensary, for some compensation, which is likely to be favorably received. This is gratifying intelligence. They should have been paid years ago,—and some of the old servants of this charity ought to receive a pension for past services. But things are likely to be put in the right train at last. If there is not a permanent fund sufficient to pay a sum to each one, equal to the rent of an office, let a new subscription be opened at once, to increase it. The good people of Boston never were known to neglect a call of this kind.

Cupping Apparatus.—Mr. Thomas P. Codman, of Roxbury, manufactures a beautiful article for cupping. One of the principal advantages in the glasses devised by him, is the large aperture for receiving an excoriated nipple, when used for a breast pump. An ordinary English set of cupping glasses, with the fixtures, costs from eight to twelve dollars. Nothing can be more perfect, in all respects, so far as we can discover, than Mr. Codman's apparatus, which is afforded at a moderate price, and for which orders may be addressed from any part of the country. There is a difficulty in describing the construction of the tubes, valves, piston, &c., which particularly characterize this instrument. Those who can, therefore, had better call and examine an excellent specimen at this office. Economy should influence us in the purchase of instruments, as much as in procuring any thing else that it may be convenient or desirable to possess.

Case of Nasal Enlargement successfully treated. By Dr. CHARLES CLAY, Lec. on Med. Juris., &c., Manchester.—In May, 1841, I was consulted by a young lady who had a peculiar enlargement of the nose, not accompanied with pain or inconvenience, excepting from its size; its appearance, however, was a circumstance to be considered: many different plans had been adopted, but without any effect. From the history of the case, I suspected it arose from deficient menstruation, as those periodical discharges were not only small in quantity, but at lengthened intervals, and attended with considerable pain, which had been the case for three years. It was evident constitutional treatment was indicated, independent of any application to the local enlargement; I therefore commenced with giving the *mistura ferri composita* (L. P.) in the day-time, and two of the compound aloes pills (P. L.) at bed-time; this was more or less the constitutional treatment throughout, varied very slightly as circumstances might require. But to the local enlargement I adopted the following novel plan: Taking a quantity of plaster of Paris, I made a mould of the nose, and whilst wet, I placed tapes in the plaster to secure it afterwards; the mid-

dle of one tape fastened to the mould was intended for securing it laterally by each end crossing the cheek on the same side, and tying together behind the neck; a second tape directed its course between the eyes over the centre of the os frontis, over the head, and secured to the tape behind the neck; when sufficiently hard, the mould was removed, baked, and well seasoned with oil; when thus prepared it was re-placed on the nose, and secured by the tapes so as to effect a gentle and equal pressure on the organ, the weight of the mould assisting, as it was made purposely rather thick, the lower part being left open to facilitate breathing. After wearing it in this manner a week, I found the mould much too large for the nose, as it sat very loosely upon it. I was, therefore, certain the pressure had effected a considerable reduction in the size of the part affected: encouraged by this, a second mould was made on the reduced organ, which was accompanied with the same satisfactory results; a third, fourth and fifth mould followed, when the nose had assumed its natural size and appearance. On comparing the last with the first mould, the contrast was very striking, and would scarcely have been believed by any person who had not witnessed the process; each mould was worn about a fortnight, with the exception of the first and last; the former about a week; the latter was advised to be worn longer, and relinquished by degrees; the constitutional treatment succeeded in effecting menstruation regularly, and in a sufficient quantity. The nose still remains its natural size. I think this plan might be applied with advantage in many cases; the effect of pressure in chronic enlargements is well known; it is only the novel way of employing it that deserves attention in this case—*London Lancet*.

Cure for Sore Nipple.—In a case which I attended some time ago, I tried several of the means mentioned by Velpeau without any effect. They are generally greasy, nasty, painful, or poisonous applications. Now, you want an application that will not be injurious to the child, and that will thicken and toughen the nipple and the surrounding integuments. It occurred to me that a solution containing tannin might have this effect. I first tried the decoction of oak-bark: upon another occasion I applied the tincture of catechu. This answered perfectly: the nipple, which had been intolerably painful for weeks, and was denuded, returned to its natural state within a day or two, and the mother, who was about to wean her child in despair, was able to suckle it for more than twelve months, without any inconvenience.

The tincture of catechu should be applied twice a day with a camel's-hair pencil.—*W. F., in Ibid.*

Relief from Paroxysms of Coughing. By G. ROBINSON.—I believe suffocating cough has not at present any remedy proposed for it but a smart tap on the back. This is a practice I think not so good as might be proposed or wished for, and one that I would not allow to be practised on myself, nor do I think there are many who would. If we reflect a little on what takes place, we must see that the constant cough during the paroxysm allows of scarcely any other action of the lungs than forcible expiration, and might thus proceed if the lungs were exhausted sufficiently to cause closure of the glottis. From these considerations it follows that our endeavors must be directed in such a way as to pre-

vent the exhaustion of the lungs from going on. This brings me to the method I adopted, or rather invented, years ago, for the relief of this very distressing affection. It is so simple that I am surprised it has not been proposed before. My mode of proceeding is to close the patient's nostrils with my thumb and forefinger during expiration, and leave them free during inspiration, and in a very short time the patient will be relieved from his paroxysm. I have followed this plan whenever I have had occasion to do so, and always with complete success. In confirmation of the propriety of this practice, I think I cannot give a more illustrative case than the following :

A near and dear relative, afflicted with hemiplegia during nearly thirteen years, consequent on an apoplectic attack, of very advanced age, being rather more than 80 when she died, during the last two years of her life was repeatedly seized with paroxysms of suffocating cough, which threatened at times to prove fatal to her; in fact, she coughed sometimes until her face acquired a bluish tint, and I have been in considerable doubt which way the balance would turn. When these paroxysms first occurred I was not prepared with any remedy, but after a time, as her deglutition became more affected, they arose so often that I was in a manner obliged to devise, if possible, a remedy; and that was the method above described, and which never failed to relieve her. I think a case more in point, and one more advantageous as a test for the experiment, cannot well be imagined.—*Ibid.*

Medical Miscellany.—A vote of thanks was given Dr. Mather, one of the faculty of the Castleton Medical School, by the class, for his late able course of instruction.—Dr. Hamilton, now at Castleton, lately took out a large tumor, partly within the axilla. The patient, a lady, sustained the operation with great firmness.—On the 16th day of May a medical convention was held at Cincinnati.—J. P. Kirtland, M.D., has resigned the chair of Theory and Practice in the Ohio Medical College, and accepted the same professorship in the Willoughby University.

MARRIED.—In Derby, Vt., Geo. A. Hinman, M.D., to Miss Mary P. Robbins. —At Philadelphia, Geo. Gourly, M.D., of Ireland, to Miss M. B. North.

DIED.—At Woodstock, Vt., Mr. James C. Duncan, of Hancock, N. H., a student in the Vermont Medical College, 22.—At New York, Dr. George Ackery, 45.—At Hallon Hall, near Worcester, Eng., on Friday, April 29th, where he was on a visit to dine, the celebrated Sir Charles Bell, the distinguished anatomist and anatomical writer.

Number of deaths in Boston for the week ending May 28, 35.—Males, 20; Females, 18. Stillborn, 1. Of consumption, 2—measles, 3—fits, 1—scarlet fever, 5—brain fever, 2—croup, 3—infantile, 4—dropsy on the brain, 1—lung fever, 2—mortification, 2—intemperance, 1—apoplexy, 1—erysipelas, 2—indammation of the stomach, 12—old age, 1—tumor in the bowels, 1—dropsy, 1—suicide, 1—indammation of the bowels, 1.

SURGICAL INSTRUMENTS.

MAYNARD & NOYES, wholesale druggists, 11 Merchants' Row, have constantly on hand a full assortment of Surgical Instruments, which they will sell to physicians and dentists at a small advance on manufacturers' prices—consisting in part of the following :—Amputating, trepanning, midwifery, dissecting, dental, hydrocele, eye, lachrymal, pocket, stomach, injecting, cupping and breast instruments, in cases. Scarificators, silver male and female catheters, gum-elastic catheters, bougies, pessaries and nipple shields. Suspensary bandages, silver and brass spring lancets, thumb and gum lancets, tourniquets, tonsil instruments, trocars, stethoscopes, trusses, needles, extracting instruments in cases, turnkeys; Flagg's teeth forceps, 12 patterns; teeth forceps, straight, curved and hawk-bill shape; tooth punches, borers, pluggers, scrapers, hooks and files, platina wire, gold and tin foil.

Je 1—lamly

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBERESZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., President.

AL 27—10

J. H. ARMSBY, M.D., Registrar.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Jy 28—copy

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporters, and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to

A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1842.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 13

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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No. 18.

NATHANIEL CHAPMAN, M.D.

[THE following interesting sketch of the life and character of Dr. Chapman, of Philadelphia, is from the Medical Examiner of that city. It will be read with interest by physicians in all parts of the country, not a few of whom have listened to his instructions as a public lecturer.]

Professor Chapman is the Sir Henry Hallford of the United States. He is not more distinguished for professional attainments than for courtliness and vivacity of manner, wit, knowledge of the world, and literary taste. His private character forms a marked contrast with that of his late friend and cotemporary, Physick, with whom he so long shared the first rank in the profession of Philadelphia. Physick, who shunned general society, and was little known except in professional intercourse, had a reserved stateliness of manner from which he never unbent. Engrossed by his patients and profession, he seldom entered into the every-day topics of life, and is remembered only as the skilful surgeon and successful operator. Chapman's temperament was cast in a different mould. Eminently social in disposition, with a gaiety of spirit that has not flagged with years—a wit—a punster—delightful as a companion, and enjoying company, he has, for a long period, occupied a position, we may say unrivalled, in the society of this city. To these brilliant qualities he unites the kindest feelings. His wit is without malice, and he is frank, open-hearted, and open-handed. It is not, then, surprising that he is individually as popular as he is professionally eminent.

Dr. Chapman was born in Fairfax county, Virginia, on the 28th of May, 1780, and has therefore nearly completed his 62d year. His paternal ancestor came to Virginia with the first colony, was a captain of cavalry in the British army, and, according to an authentic tradition in the family, was the youngest son of a cousin-german of Sir Walter Raleigh. The family settled on the river Pomonkey, some twenty miles from Richmond, but the branch from which the doctor is descended, migrated about a century and a half ago to Maryland, and fixed itself on an estate on the banks of the Potomac, nearly opposite Mount Vernon, which is still in their possession. The doctor's father, however, went to Virginia, upon his marriage, where he afterwards remained.

Dr. Chapman received his early education at the Classical Academy of Alexandria, D. C., founded by General Washington, where he was six years. He subsequently spent a short time in two colleges, though not long enough to owe either any obligation. He came to Philadelphia in the autumn of 1797, to commence the study of medicine with the

late Professor Rush, of whom he became a favorite pupil. He continued three years with Rush, and in attendance upon the lectures at the University of Pennsylvania, from which he received his degree in the spring of 1800. The doctor's thesis was on hydrophobia, written, we have been told, at the request of Dr. Rush, in answer to an attack upon his favorite theory of the pathology of that disease. Dr. Chapman had, we believe, previously prepared another thesis, on the sympathetic connections of the stomach with the rest of the body, which he afterwards read before the Philadelphia Medical Society. This contained the substance of the peculiar views on fever and other diseases, as well as the *modus operandi* of medicines, which he has since taught. While a student, Chapman found time to become a frequent contributor to the *Port Folio*, a magazine of some celebrity in its day. His contributions, under the signature of Falkland, had considerable popularity.

In 1801 he went abroad, and spent four years chiefly at Edinburgh and London. He remained a year in London, the private pupil of Abernethy, and thence passed to Edinburgh. Edinburgh was then celebrated equally for her school of medicine and her literary and scientific society. Students of medicine resorted thither, as now to Paris, from all parts of the world. Nearly all our American physicians of the olden time, Morgan, Shippen, Kuhn, Rush, Wistar, and many others, received their education at Edinburgh. It may be supposed that Dr. Chapman made the most of his opportunities in the distinguished circles of the modern Athens. He was enabled to see not a little of the eminent persons of those days, and enjoyed considerable intimacy with Dugald Stewart, the Earl of Buchan, and Brougham, then a fellow student. Before his departure from Edinburgh, Lord Buchan gave him a public breakfast, on the birth day of Washington, at which a number of distinguished persons were present, when he took the occasion to entrust him with an interesting relic, valuable from a double historical association. Lord Buchan had presented to General Washington a box made of the oak that had sheltered Sir William Wallace after the battle of Falkirk, with a request "to pass it, in the event of his decease, to the man in his country who should appear to merit it best." General Washington, declining so invidious a designation, returned it by will to the Earl, who committed it to Chapman, to be delivered to Dr. Rush, with a view of its being ultimately placed in the cabinet of the college at Washington, to which General Washington had bequeathed a large sum.

Dr. Chapman returned to this country in 1804. He established himself in Philadelphia, where he soon afterwards married. His attractive manners and reputation for talent secured his almost immediate success in practice. He became the favorite physician of a large portion of the higher classes of Philadelphia, and has continued, for more than thirty years, to occupy this position. He was the physician and confidential friend of the Count de Surville (Joseph Bonaparte), during his long residence in Philadelphia and its vicinity. From the Count he gathered a large fund of interesting anecdote of the illustrious brother of the ex-king, and the men and scenes of his eventful times, from which the doctor occasionally draws. In his day, Dr. Chapman has seen much of the promi-

nent statesmen of the United States, and, though never entering into politics, he is familiar with the personal history and character of most of our public men. He was summoned to the death-bed of General Harrison, though too late to assist in the treatment.

As a practitioner, Dr. Chapman is distinguished as much for the charm of his manner in the sick-chamber, as for skill and success in prescribing. His lively conversation and ever-ready joke are often more effective than anodyne or cordial. Indeed, in cases of trifling importance, the doctor sometimes prescribes little else. In pleasant chit-chat, both patient and physician forget the object of the visit, and the doctor will depart and "leave no sign" for pill or bolus. But, when roused by symptoms of actual severity, Dr. Chapman is almost unequalled in resources, as he is devoted in attentions. Hence, as a consulting physician, his great powers are particularly conspicuous. Rapid and clear in diagnosis, inexhaustible in therapeutics, self-relying, never discouraged, never "giving up the ship," he is the physician of physicians for an emergency.

Dr. Chapman is best known abroad as a writer and a lecturer. Not long after his return home, he published a work entitled "*Select Speeches, Forensic and Parliamentary*," with critical and illustrative remarks, in five 8vo. volumes, which attracted much attention. He has since, however, confined his pen to scientific topics. The year of his return, 1804, he gave a private course upon obstetrics, which proved so popular, that, in 1806, at the age of 26, he was elected adjunct to the chair of Midwifery in the University, and soon afterwards to that of the *Materia Medica*. His colleagues of that day, Shippen, Rush, Wistar, Physick, James, are gone, and he remains the senior professor in the University, and, doubtless, the oldest lecturer on medicine in America. The course of lectures on *Materia Medica* is beyond the memory of the writer of this sketch. The views and arrangement adopted by the lecturer may, however, be inferred from his "*Therapeutics*," to which allusion will be made. At the death of Rush, in 1812, Chapman was transferred to the chair of Theory and Practice, which he has ever since filled.

The lectures of Professor Chapman, annually delivered to large classes, during a period of thirty years, are of course familiar to no small portion of the profession of the United States. We but reflect general opinion, in pronouncing them erudite, elaborate, and highly finished compositions, enriched with the stores of the most varied reading and of ample personal experience. The professor has, we believe, continued to retain, as the basis of his course, the original draft at first prepared, although many lectures have been re-written, and the whole often re-modelled. Keeping pace with the progress of medical science, Professor Chapman is yet slow to adopt, certainly to give currency to what are termed the novelties of the day. On a few subjects, his opinions differ from those generally received. His views of fever are of the ultra-solidist school, and of course at variance with the prevailing doctrines. It is foreign to our purpose, however, to canvass these points critically. Dr. Chapman's delivery of his lectures is animated and emphatic. His voice is clear, not of great volume, but so highly pitched as to seem loud. A slight

nasal intonation gives it a peculiarity, not unpleasant when the ear has become familiarized to it.

In addition to his courses at the University, Dr. Chapman for a long period gave clinical lectures in the hospital of the Philadelphia Almshouse. He has, moreover, for upwards of twenty years delivered a summer course of lectures in the Medical Institute. This Institution was founded by Dr. Chapman, although, as we learn, he has never participated in the fees, or exercised any control over the appointments to the chairs. In days of yore, the doctor was a leading debater at the Philadelphia Medical Society, when the floor of that Society was a field in which the ablest members of the profession met in earnest and often vehement discussion. Dr. Chapman has several times filled the honorable post of President of the Society. He is now the senior Vice President of the American Philosophical Society, and has, we believe, been chosen corresponding member of most of the learned societies of Europe.

Dr. Chapinan's principal work is his "Therapeutics," published in 1817. It has gone through seven editions, one surreptitious; but the doctor has since refused to have it re-printed, until he finds time to bestow on it a thorough revision. The "Therapeutics" has enjoyed a long popularity. It is written in a very attractive style, and, as is well known, is thoroughly impregnated with most of the peculiar and original views of the author. It is perhaps hardly necessary to observe, that some of these are not in accordance with the opinions of a large portion of his professional brethren—as, for instance, the theory of the *modus operandi* of medicines.

In 1820 Dr. Chapman commenced the publication of the "Philadelphia Journal of the Medical and Physical Sciences," which he continued to edit for many years. The Journal was undertaken with liberal views—the doctor never receiving a salary for his services. He has since been an occasional contributor to different periodicals. A large number of his lectures have been published in the previous volumes of this Journal—elegantly written and standard monographs on a variety of subjects.

We feel that this sketch does very imperfect justice to one of the brightest ornaments of the profession. It has, however, the merit of being executed in a spirit of entire candor.

DESCRIPTION OF A CASE OF ALVEOLAR ABSCESS.

BY ISAAC I. GREENWOOD, M.D., D.D.S.

SOME few years past a foreign gentleman applied to me for professional aid, who had been treated by an eminent surgeon-dentist for several years for a diseased dens sapientia. On examining the case, the malady was found to be seated in the alveolus of the tooth on the right labial side of the diacranian maxillary at the base of the coronoid process, where it forms a conjunction and continuation of the alveoli. In the first instance it had been formed by an erosive exposure of the medulla of that organ. The patient being of a timid disposition, and the surgeon not determined in extracting the tooth, an abscess had formed, and

the pus passing off from the weight of the matter aslantwise, and through the base of the alveolus of the tooth, had perforated the levator, affecting the rotary muscles opposite the orifice, and through the anterior surface of the skin, immediately under the centre of the belly of the digastricus, where it pierces the meatus auditorius externus, forming a considerable orifice; which issue he was in the habit of probing with a silver instrument, about six inches in length, and cleansing with lint, &c. It was found that in making use of this instrument and forcing it in the whole length of the canal, which was straight and considerably indurated, the rigidity was such that the digastricus could not have its full force of expansion, and the masseter muscle of that side at its lower portion was affected as well as the pterygoideus externus in such a manner that the patient was not enabled to open his mouth more than half an inch.

By further probing the wound the instrument was found to strike upon a hard substance at the base, which by the sound was known to be the fangs of the diseased organ. The alveolus being destroyed on that side of the diacranian opposite, and on the labial section of the surface of the tooth; from the continuous issue of matter, the tooth irritating and acting as an extraneous body, and causing this flow, it was determined at once to perform the operation of extraction. No worse result could take place when the member was removed. The cutting was carefully yet fearlessly made, and the operation performed. The patient immediately feeling relief, the sanguineous discharge which followed was somewhat free, and considered favorable. Yet still the indurated canal remained and the rigidity of the parts not remedied. The patient was advised, when the wound healed in a measure, to lubricate the parts externally with emollients, such as had been prescribed by his physician and were of a mercurial nature, to cause a plianthness and relaxation of the muscles. The advice was concurred in, and a restitution of the parts was the effect of the application.—*Amer. Jour. and Library of Dental Science.*

ANOMALOUS RESULT OF AN OPERATION FOR STRICTURE OF THE URETHRA.

[Communicated for the Boston Medical and Surgical Journal.]

On the 22d of Aug., 1840, I visited John Bradshaw, an athletic Englishman, of sanguine temperament, 30 years of age. He had retention of urine for the preceding two days, caused by a debauch and exposure to cold, aggravating a permanent stricture of seven years' standing. On attempting to pass the smallest catheter, it went, as near as I could judge, to that part nearest the bulb, but would go no further. I was equally unsuccessful with the smallest bougie. The bladder was greatly enlarged, being distinctly evident to the feel in the pubic region; severe expulsive pains, in character and frequency precisely similar to those of labor, were constant; pulse full, unyielding, and varying in the intervals of pain. On inquiring into his habits and occupation, was informed that he was a brewer, and accustomed to drink beer *ad libitum*; in his own words, from a quart to a gallon a day.

There being no convenience for the warm bath, and the case not admitting delay for the trial of opium or the mur. tincture of iron, I drew blood in a sitting posture *ad nauseam*, directing the patient to be raised at short intervals to encourage faintness, and to ensure that state tart. emetic solution was also directed. This was continued for an hour, with no benefit; not the smallest discharge of urine followed. The pulse, with the patient's previous habits, forbidding further depletion, I commenced the use of laudanum in doses of gtt. c. every hour, with gts. xxx. mur. tincture of iron. This was continued for five hours, with no effect whatever. It was now midnight, and the patient's condition demanded immediate relief. The depletion he had already undergone, with his intemperate habits, rendered it proper, on a first view of his case, to select the most simple operation for his relief; the rectal puncture of the bladder would undoubtedly have afforded it, but having, on two previous occasions, in men of similar habits, found that operation followed by great cystic irritation, in one instance proving nearly fatal, I thought it proper to give the patient the chance of a radical cure. He had several times been subjected to great distress from the complete closure of the urethra after irregularities, which his habits rendered of frequent prospective occurrence. With the assistance of Dr. Vandervoort, of this city, I performed the operation of cutting into the stricture. I will state the steps succinctly, because the result that followed has entirely baffled my ability to explain.

The patient being tied as for lithotomy, and a catheter introduced down to the stricture, an incision was made through the perineum; two or three lesser ones brought me to its point near the bulb of the urethra; upon turning this aside, I exposed the point of the catheter above the stricture. My patient bearing the operation very ill, it being midnight, and the wound very deep, with a bad light, I lost no time in searching out the contracted part of the urethra. There had been considerable hæmorrhage from an artery which we found it difficult to secure, but made a cautious incision from the point of the catheter in a direct line with it and the raphæ of the perineum, upon the vesical portion of the urethra; this evidently incised the stricture, for there was a rapid gush of urine, amounting to half a pint, as near as could be judged from its rapidity. What was my astonishment to find it instantly cease on withdrawing the catheter, and a full stream of urine passing through the penis. An attempt was made to find the opening of the urethra nearest the bladder, but I failed in doing so, owing to the exhausted state of the patient and the badness of the light. He was placed on his side, a pledget of lint being left in the wound; the patient spent a good night. I visited him early in the morning, designing to search out the orifice and pass a catheter; but on questioning him respecting his urine, I found he had passed it with perfect freedom through the penis, none having issued through the perineum. I removed the pledget of lint from the wound, and did not think it proper under such circumstances to attempt to pass the elastic catheter, which I had intended, as usual in such cases, to leave till the urethra had united. The case progressed to a cure without an unfavorable symptom; not a drop of urine issued at any time through the pe-

rineum, and the patient now passes a full stream of urine, not only when temperate, but during his customary debauches. The largest catheter will also pass freely into the bladder.

Remarks.—This case is to me quite inexplicable. First, the reader will observe, the stricture was permanent, the patient for years having passed the smallest possible stream of urine, often guttatim for weeks together. This, with the severe depletion and anti-spasmodic treatment he underwent, no less than 500 drops of laudanum in five hours, together with the mur. tincture of iron, a remedy of established efficacy, forbids the idea of its being spasmodic in any degree. Secondly, the point of the catheter being exposed, and then the incision being made directly from it to the vesical portion of the urethra, and followed by a copious gush of urine, proves that the stricture was fairly incised. Why, then, did not the urine continue to pass through the perineum as the more ready outlet? and why did no traumatic stricture follow, though no catheter was introduced? I confess I am unable to answer. Some of your readers may. I publish the case, because I think we are all too much in the habit of setting forth our smooth cases, to the exclusion of such as may possibly show forth our own dulness. E. H. DIXON, M.D.

New York, May, 1842.

INSANITY AND DEATH FROM MASTURBATION.

BY ALFRED HITCHCOCK, M.D., ASHBY, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

THE records of lunatic hospitals, and the multiplication of books on the subject of masturbation, have probably, within a few years, been a means of inducing physicians to attach more importance than formerly to this habit as a cause of ill health; and have thus led to a more correct diagnosis and successful treatment of some of the worst forms of human disease. Evidence is not wanting, either from hospital or private practice, to show that the evil is wide spread and constantly in action. This cause of disease is sometimes overlooked by medical men, either from false notions of delicacy, or from ignorance, or from a selfish fear that suggestions on the subject will be heard with displeasure or repelled with indignation. The medical attendant in such cases treats the patient symptomatically, while the morbid cause continues in action, sapping the very foundations of health and strength, and death ere long closes the scene. As a general thing, the mass of community yet remain profoundly ignorant on this subject; and are ready to attribute diseases from this habit to any but their true cause. Within ten years a number of fatal cases have fallen under my observation, where death was clearly traceable to that cause alone. In each of these cases the friends and neighbors assigned "disappointed love" as the "*fons et origo mali*." The reasons for this kind of misjudgment are, probably, the restrained silence of scientific men on the subject, and the deceptions of garrulous empirics; who, themselves ignorant of the laws of physiology, depend for

patronage on the ignorance and superstitious whims of their employers. A general diffusion of the principles of physiology, or even a knowledge of the most important *laws* which the Creator has made to govern the temple of our living bodies, would create a dearth of empirics, and bring starvation upon many a money-getting juggler in medicine.

The most important and interesting case of masturbation which for several years has come under my observation, is the following :—

W—— J——, æt. 23, of sanguino-bilious temperament, had enjoyed good health through childhood and youth. From 14 to 16 years of age, he evinced a relish for books and a desire for intellectual pursuits. At 19 he left his father's farm, and engaged as a merchant's clerk in a neighboring village. At this time he was lively, cheerful, and fond of female society. In this employment he continued, except occasional absences at school, for nearly three years. Towards the latter part of this period, as I am informed by those who were then familiar with him, he became rather dilatory in business, languid in his movements, and began to show a dulness of perception, an aversion to the female sex, a desire for solitude, and a bashful timidity of countenance. In December, 1839, he became jaundiced and dyspeptic, with some febrile symptoms. He took cathartics for several days in succession, and afterwards cathartics and tonics, which relieved all his more prominent symptoms. For the next six or eight months he worked some on his father's farm, and for a while in the summer followed the business of peddling. In August, 1840, while peddling in Vermont, he was suddenly seized with a fit, which from accounts was probably of an epileptic character, although he never afterwards had another. From that time he manifested symptoms of insanity.

On his return home, some time in September, I was immediately sent for, and found him in the following condition. His physical appearance generally bespoke suffering and anxiety, or rather despondency—his flesh had very much wasted—his countenance was of a leaden sickly hue—the skin was generally dry and rough; occasionally, however, on the slightest excitement the blood would freely inject the capillaries, and soon after a warm, unctuous and offensive sweat would bedew the surface. His gait was unsteady and tottering—the muscular system greatly debilitated, and the motions tremulous and uncertain. He was very shy and taciturn in his appearance; answered questions very reluctantly, and his mind seemed totally incapable of fixing itself upon any subject even for a few minutes. He was generally sleepless, and sometimes highly delirious during the night. His breath was fetid, tongue and mouth white and pasty. The pulse was small, hard and frequent, but without the momentum and sharpness which indicate organic disease. The chest gave healthy sounds, and upon thorough examination I was satisfied that no viscus was seriously affected.

I was at no loss to ascribe *all the symptoms* to the habit of masturbation. On requesting a private interview, I drew from the unfortunate young man a full confession, which completely confirmed my diagnosis. "For six years," said he, "I have practised the habit. My propensity has grown stronger and stronger, and resistance has become an impossible

thing." He also acknowledged that for the last three months the pollutions had been involuntary. This was the first moment in his life that he had thought of harm or danger in the indulgence! While conversing with him, he seemed convinced of the cause of his ill health, and expressed, with a sort of despairing madness, his resolution to "go and sin no more." In view of the imbecile and delirious state of his mind, I expressed to his father my opinion of the cause of his sickness, and advised his immediate removal to the lunatic hospital. This opinion and advice was rejected by the father, although corroborated by several medical gentlemen who saw the patient, and more positively confirmed by confessions from his ruined son. My professional attendance, of course, soon ceased; and from that time to his death, a period of five months, he took the "cure alls" of empirics of every grade. The root doctor, the Thomsonian, and the fourpenny fortune-teller, each in turn tried his magic skill; and not one of them, either from ignorance or from selfish reasons, ever alluded to the true but hidden cause of all the symptoms.

As a matter of course, the state of the patient became worse and worse. The stomach rejected its contents, the bowels became obstinately constipated, and the body wasted to the most extreme degree of atrophy. His mind became a complete wreck—a part of the time furiously mad, then groaning with despair or tortured with wild and idiotic lunacy. He complained of no pain, except an obtuse compressive feeling in the left hypochondrium. For the last two months of his life his mind seemed unceasingly fixed upon that spot as the seat of all his trouble. He would implore every one that he saw to cut him open and "fix something that was wrong"—and from morning to night he would toss himself upon the floor or the bed, wringing his skeleton hands in anguish, shrieking and groaning with a sepulchral voice, because no one would "operate on him." In short, a more deplorable, loathsome or ghastly specimen of human suffering could not well be imagined. For a short time before dissolution, he became rather calm, and reason seemed partially to regain her seat, as if to witness the dying struggle of the victim, and, perchance, to reproach her possessor for the ignoble sacrifice of manly strength and youthful vigor to a debasing and suicidal habit.

The post-mortem appearances, as witnessed by Drs. Barr, Stone, Haynes, Gibson and myself, were the following:—

The body was covered with numerous dark-purple spots, and presented the most extreme degree of emaciation, both of the muscular and adipose tissues. The heart and lungs were healthy, excepting perhaps a slight degree of atrophy. The liver not changed in appearance. Gall bladder largely distended with very dark viscid bile. The spleen healthy. The mucous membrane of the stomach inflamed and very much thickened, especially towards the pyloric orifice. The mucous membrane of the intestinal tube inflamed and very much thickened throughout nearly its whole extent, while the muscular coats were much atrophied and in some places completely wanting. The pelvic and abdominal muscles were atrophied, black and softened. The psoas muscles in particular, on being removed, had no elasticity, but would break

under the fingers like flesh that is semi-putrid or has been a long time macerated in water. The kidneys and bladder nearly natural. The vesicula seminales were greatly enlarged, and each contained about a tea-spoonful of pus. The testicles were very much atrophied, white, and almost entirely destitute of any moisture. The bodies of the two lower dorsal vertebræ were partially carious, with about an ounce of pus lying upon their anterior surfaces. The brain, much to our regret, owing to unavoidable circumstances, could not be examined. The medical gentlemen present were unanimous in the opinion that *masturbation* had been the cause of all the symptoms and pathological appearances.

There is a great reluctance on the part of our profession to "speak the whole truth" on this disgusting subject. Does not this silence cherish the ignorance and weak prejudices of the community, and thus indirectly afford encouragement and patronage to boasting empirics and unprincipled medical pretenders. Shall we shut our mouths from candidly, and in a proper manner, speaking the truth to our patients, for fear of offending the pride of families? Shall we indeed, for selfish reasons, compromise the lives of our patients at the shrine of popular prejudice? Can we discharge our whole duty as laborers for the best good of suffering humanity, while we thus pocket the key of knowledge, and suffer the community to remain ignorant of this destroying Moloch of civilized society? Our profession, as a general thing, have nobly come forward and denounced intemperance as one of our greatest individual and national evils. The symptoms and morbid anatomy of intemperance are well known and easily understood. People do not have to wait for the disclosures of the dissecting knife to learn whether this or that man died a drunkard. The bloated form, the staggering gait, the palsied limbs, the blood-shot eyes, the nose embossed with carbuncles, speak a language that needs no interpretation. But not so plain are the symptoms of the evil in question. It is insidious, but certain in its operation. Its course is silent and solitary, but mighty and ruthless are its movements. It steals unseen and almost unfelt, but blights and destroys like the breath of the sirocco. The manly frame totters and decays beneath its undermining power, while the social, moral and intellectual man is wrecked or annihilated in the ruin!

May, 1842.

TRAUMATIC TETANUS TREATED BY FREE BLEEDING.

[DR. C. C. HIGGINS, of Staffordshire, relates the following interesting case in the London Lancet.]

James Sleeming, aged 18, a stout farmer's laborer, on February 5th wounded his hand rather severely with a straw-cutting engine, the nail part of one finger being completely divided. The wound was simply treated, and at the end of fourteen days was apparently well. At this time he got very wet from swimming through the river Blythe, being previously heated from following the fox hounds (on foot); on the night of the 21st February he slept in a hovel exposed to the weather, which

was cold and frosty. From this time he complained of being poorly, and on Friday, the 25th, I was sent for, and found him complaining of violent spasmodic pain at the epigastrium, with great difficulty of breathing; stiffness about the muscles of the neck; an inability to open his mouth, and difficulty of lying down; the pulse 120, full and throbbing, but little fever. I bled him to about twenty ounces; ordered him four grains of calomel and two of opium to be taken directly, and nauseating doses of tartar emetic, combined with a saline aperient, every three hours. The bowels were acted upon, but the pain and spasm not relieved. In the evening of the same day I ordered him one grain and a half of opium every three hours, and a mixture composed of camphor, ether and laudanum. The spasms still continued with unabated violence, the means already tried apparently not affording the least relief. On the morning of Saturday he suffered very much from the pain and spasm of the diaphragm, and also of the pectoral muscles. I now bled him to thirty ounces from a free orifice, which produced rather a long fit of syncope, in which state he was quite free from spasm; as he recovered it returned, but with less violence.

He still continued taking two grains of opium every three hours with the antispasmodic mixture, and in the evening could open his mouth with perfect ease, and complained of but little pain. On my leaving him he prevailed upon his mother to allow him to get up, which brought on the spasm with increased violence. I was called in the night, being told he was dying; I went, and found him standing by the bed-side leaning on his mother, the body bent forward, and dreading the least motion, as it increased very much the difficulty of breathing. He remained in this position for three hours; I gave him some ether in a state of vapor, which afforded some relief.

On the morning of Sunday I found him in a complete state of opisthotonos, but complaining very little of pain or difficulty of breathing if he was not moved; he was able to talk freely, and swallow fluids without difficulty. At this time he was quite under the stimulating influence of the opium, in a complete state of intoxication; the pulse still 120, full and throbbing. Continued the opium in one and a half grain doses. On Monday, the 28th, I found him in the exact position I had left him, the body resting on the head and heels. Again bled him to sixteen ounces, and directed a continuance of the pills and mixture.

March 1. Much the same as yesterday; pills and mixture continued regularly every three hours.

2. Still remains in the same state, dreading the least motion, as it increased the spasm. Medicine continued. During this night he had a profuse perspiration, and on the morning of the 3rd appeared much relieved; the opisthotonos so far gone as to allow of his turning on his side. As the bowels had not been relieved for the last two days, I ordered him an aperient draught, to discontinue the antispasmodic mixture, and continue opium pills if the spasm increased in severity. During the 4th he remained tolerably easy, but still dreading any motion of the belly, preferring to lie constantly on his body. From this time he began to move more freely, and open his mouth with greater ease; a considerable quan-

tity of pus and bloody serum escaped from the mouth; the tongue was found much lacerated, and he also expectorated a considerable quantity of mucus tinged with blood. From this time to the 10th he continued to take the opium occasionally, as the least motion brought on the spasmodic action, and has since continued to improve, with occasional spasmodic twitching, and is now nearly well.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 8, 1842.

SPECIAL PATHOLOGY AND THERAPEUTICS.

SINCE a former notice was taken of Dr. Dunglison's recently-published system of the *Practice of Medicine*, we have made further examination, and the work stands higher in our estimation now, than when first announced. There is one particular advantage in these volumes. Turn to any disease treated of by the author, and every fact that can be of any importance to the reader, is readily found in the natural order of arranging the materials of each article. For example, Chapter 2d, of the second volume, treats in a few words of the *general anatomy of the pancreas*; next follow observations on inflammation of the organ, and the terms made use of in Latin, English, French and German, to express that condition, either by ancient or modern authors. *Diagnosis* naturally enough succeeds—and then the *causes*. Then come the pathological characters—and, finally, *treatment*, the essential part of the essay. A young practitioner values this orderly method, which enables him at once to ascertain those circumstances in regard to a disease which may be under his care, essential for him to know. He has neither had practice nor experience to make him familiar with whatever may occur; and the frequent reference necessarily made to a standard author, makes it important that he should not only have the best authority, but that which is correct, methodical and concise. Such books are needed, and whenever they appear invariably receive the hearty approbation of the medical community. The correct and concise teachings in the late American edition of Dr. Marshall Hall, explain the secret of its rapid sale. Those tediously constructed medical guides, of which the world is quite full enough, that discuss topics till the reader forgets the beginning before he arrives at the end; in which no facts are presented, and from which no conclusions can be drawn, are the lumber of modern libraries. They are equivalent to wooden blocks, painted to resemble tomes, which are to be seen on the upper shelves of some private libraries—filling space, but only to be handled by the owners.

Dr. Dunglison has succeeded well in this last undertaking. An immense amount of truly valuable matter is concentrated into a comparatively small space, and yet there is not a crowded appearance, nor a redundancy of useless words. To the young practitioner, therefore, especially, this treatise must be a useful guide and monitor. If its true merits have been overlooked, or its claims neglected, by those who can

appreciate accurate descriptions of the varying shades of disease, it is quite certain that in this case merit will eventually not go unrewarded. Having spoken thus freely, unbiased by the partialities of any one, we enjoin upon our young friends in active practice to take to themselves this responsible and trusty medical sentinel.

Opening the Eyes of the Blind.—A visit to the Massachusetts Charitable Eye and Ear Infirmary, located in Green street, in this city, should be made by every medical gentleman who is not already familiar with the objects of sympathy which such an institution presents. The institution is not valued half enough by the inhabitants of the city, principally because they know but little about the concerns of the interior. If its merits were more generally understood, we are quite sure it would be more extensively beneficial to that class of blind persons who might find sight through the instrumentality of art. There are blind people of both sexes, young and old, scattered here and there over all the New England States, neglected and perhaps nearly forgotten by those who should manifest an untiring devotion to them, because they have arrived at the unwarranted conclusion that no operation or surgical treatment can restore their sight. Some of these might unquestionably have a restoration of vision. This prospect, even if quite remote, should stimulate the unfortunate to get the opinions of those oculists who of all others are best qualified to give an opinion upon their case, from the circumstance that constant familiarity with any imaginable disease of the eye, gives them great advantage over those having less acquaintance with the various conditions of the organ.

On Wednesday last we saw Dr. Jeffries operate for an artificial pupil, at the Infirmary, where the chance for imperfect vision was exceedingly small; yet the surgeon entertains a faint hope of letting in a little light upon the unfortunate patient. Dr. Bethune, one of the assistant surgeons, kindly permitted us to bring away a few memoranda.

The unfortunate subject was Charles H. Baker, who was "blown up" while blasting. Has a closure of the pupil of the right eye, with a total destruction of the left. The right cornea opaque at the upper part; lower margin clear; sees light. April 16th. Dr. Jeffries operated by cutting the iris in two places with the iris knife—carrying it through the cornea: iris did not retract. May 28th. Sees light more distinctly—no other change. June 1. Operation repeated to-day; the two former incisions united by a third. A large opening was made; and should it finally prove a successful operation, no one with a clear spot in any part of the cornea, the size of the head of a pin, need despair, since a pupil can be constructed opposite the transparent point, and thus open a communication with the external world.

The Pharmacopæia of the United States of America.—Much to our gratification, a copy of this carefully devised and revised work, from the press of Messrs. Grigg & Elliot, Philadelphia, is upon our table. Its typographical execution is inviting—and withal, the letters are so large and distinct that no one can complain on that score. Further observations are intended in regard to its character and claims.

Galvanism to remove Cataract.—By the late arrival of the Columbia at this port, interspersed among other new and curious scientific matters brought by her, we are partially made acquainted with a successful experiment in London for removing cataracts from the eyes by galvanism. It is asserted that several eminent physicians are engaged in the inquiry, and a good deal of excitement has already been created by the little that has been achieved by the aid of this singular agent. Particulars will be laid before the profession, should anything be gleaned worth re-publication.

New Medical Works in Press.—From the Medical Intelligencer, an advertising sheet issued quarterly by Messrs. Lea & Blanchard, of Philadelphia, the gratifying information is received that Dr. Pereira's Elements of Materia Medica, the non-republication of which, in this country, was spoken of in this Journal a week or two since, is in press. It will appear in two volumes, containing natural history, preparations, properties, composition, effects and uses of medicine. Also a work by Thomas B. Mutter, M.D., Professor of Surgery in the Jefferson Medical College, on the Principles and Practice of Surgery, illustrated by numerous engravings and wood cuts. Is there not invention enough in all North America to produce a new title? That of *Principles and Practice*, like *First Lines of Physiology*, is a drug in the medical market. *Principles and Practice of Modern Surgery*, by Robert Druitt, with notes by Dr. Joshua B. Flint, of Louisville, Ky., late Professor of Surgery in the Medical Institute, is also to be forthcoming. It is said to be an unrivalled production.

Vitality—contra-distinguished from Chemical and Mechanical Philosophy.—Such is the title of a learned paper sent to us for publication in the Journal. In order to publish it at all, it would necessarily, on account of its length, have to be introduced piecemeal, to the manifest injury of the article. While thanks are due to our correspondent for his attention, it is recommended to him to give it to the world in a pamphlet, either as a supplement to our Journal or by itself, as the readiest method of bringing it generally and at once before the medical public. Extracts could, in the latter case, be made with propriety, without the danger of surfeiting any one with too much of one thing. In this hurrying age, no one will, if he can, afford time for long Journal articles; they are scarcely ever read, even by patient, devoted, at-leisure students; but that which would be rejected in a periodical, if presented in the form of a pamphlet, or even in a large book, commands the respectful attention of those who study to be wise.

Munroe Co. Medical Society, N. Y.—At the anniversary meeting, May 11th, Dr. E. W. Armstrong communicated a case of empyema, and Dr. E. M. Moore, pursuant to appointment, read a dissertation on the catarhal complaints of children.

The President, Dr. Maltby Strong, read an interesting and appropriate address, and by a vote of the Society, was requested to furnish a copy for publication.

The nominating committee having reported, the following persons were elected officers for the ensuing year:—

President, Dr. Samuel B. Bradley, of Greece; *Vice President*, Dr. P. McNaughton, of Scottsville; *Secretary*, Dr. W. W. Ely, of Rochester; *Treasurer*, Dr. P. G. Toby, of Rochester; *Delegate to the State Medical Society*, Dr. Maltby Strong, of Rochester; *Censors*, Drs. W. W. Reid, E. M. Moore, E. W. Armstrong, E. S. Marsh, of Rochester—Socrates Smith, of Rush, Davis Carpenter, Ralph Thacher, of Brockport.

Thirty-five members were present. Whole number of practitioners connected with the Society, in the county, 77; of whom 34 reside in the city of Rochester. There are also about 25 licensed physicians who have not yet been received as members of the Society.

Navy Surgeons.—The Army and Navy Chronicle says:—We do not believe that stronger evidence of the necessity for increasing the Medical Corps of the Navy could be found, than in the striking fact that the sloop of war Vandalia has sailed for the coast of Africa—the most sickly station in the world—with only one medical officer on board. Two Assistant Surgeons were ordered, but both relieved in consequence of ill health; and the vessel was detained a week waiting in expectation of another. It is also a fact that a short time since, at the Boston station, there was but one surgeon to attend to the duties of the navy yard, receiving ship, rendezvous, and hospital, where there are usually four full surgeons and as many assistants—all the others having been withdrawn for service in other vessels.

MARRIED.—In Derry, N. H., May 3, Josiah C. Eastman, M.D., of Hampstead, to Miss Anne Augusta Willson, of the former place.—At New York, Matthew Stevenson, M.D., of Cambridge, N. Y., to Miss A. L. Auchincloss.

DIED.—At Neapel, in December last, the celebrated surgeon Dr. Fricke, of Hamburg.

Number of deaths in Boston for the week ending June 4, 59.—Males, 81; Females, 28. Stillborn, 1.

Of consumption, 8—fits, 1—marasmus, 2—infantile, 5—cachexia, 1—quinsey, 1—teething, 4—intemperance, 1—scarlet fever, 12—dropsy on the brain, 1—croup, 1—lung fever, 2—inflammation of the brain, 1—disease of the heart, 1—accidental, 1—measles, 2—scrofula, 1—fever, 1—smallpox, 1—dropsy on the chest, 2—inflammation of the bowels, 1—dropsy, 2—drowned, 1—gravel, 1—inflammation of the stomach, 1—throat distemper, 2—old age, 1—unknown, 2.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On the douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; trititis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance.

D. CLAPP, JR., *Publisher*.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 128 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

JOHN C. WARREN, }
GEO. HAYWARD, } *Surgeons to Mass. General Hospital.*
S. D. TOWNSEND, }

Je 8—

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	2 U P.	U P.	P. M.	2 U P.	U P.	P. M.			
1 Sun.	40	62	53	29.14	29.00	28.96	S	Cloudy	Missouri currant and fever bush in blossom.
2 Mon.	46	52	49	28.95	28.98	29.03	SW	Cloudy	White maple in blossom.
3 Tues.	46	50	45	29.22	29.35	29.32	NE	Cloudy	Plum trees in blossom.
4 Wed.	42	54	49	29.24	29.35	29.42	NE	Fair	
5 Thur.	44	61	62	29.56	29.60	29.55	W	Fair	Wild cherry in blossom.
6 Frid.	43	72	64	29.49	29.30	29.23	SW	Fair	
7 Satur.	40	52	54	29.43	29.51	29.51	N	Fair	
8 Sun.	36	58	47	29.50	29.36	29.30	S	Fair	White frost.
9 Mon.	46	50	42	29.13	29.14	29.15	NW	Fair	Apple trees in blossom.
10 Tues.	38	46	53	29.15	29.13	29.19	SW	Cloudy.	Rain in the night.
11 Wed.	44	78	61	29.09	29.05	29.09	S	Fair	Thunder shower about half past 11.
12 Thur.	47	57	51	29.16	29.23	29.34	W	Fair	
13 Frid.	42	64	55	29.40	29.24	29.13	S	Fair	
14 Satur.	43	58	54	29.33	29.41	29.45	NW	Fair	Tartarian honeysuckle in blossom.
15 Sun.	40	62	52	29.48	29.45	29.39	SW	Fair	
16 Mon.	39	60	57	29.32	29.30	29.35	SW	Fair	
17 Tues.	49	75	65	29.55	29.63	29.65	SE	Fair	
18 Wed.	50	74	66	29.69	29.65	29.62	SE	Fair	
19 Thur.	54	73	56	29.54	29.43	29.58	SW	Cloudy	
20 Frid.	40	40	49	29.73	29.75	29.78	NE	Cloudy	Rain and snow in the morning.
21 Satur.	35	65	58	29.73	29.68	29.62	SW	Fair	Heavy frost. White clover in blossom.
22 Sun.	46	59	56	29.48	29.32	29.27	SW	Cloudy	
23 Mon.	38	53	61	29.20	29.32	29.39	NE	Rain	
24 Tues.	42	64	55	29.48	29.46	29.43	SW	Fair	Fog in the low lands.
25 Wed.	50	65	60	29.30	29.26	29.27	NW	Fair	Rain in the night.
26 Thur.	49	68	64	29.30	29.35	29.37	W	Fair	
27 Frid.	49	56	53	29.43	29.37	29.30	SW	Rain	
28 Satur.	49	69	66	29.30	29.31	29.35	W	Fair	Heavy fog in the morning.
29 Sun.	49	62	52	29.38	29.35	29.26	SW	Rain	
30 Mon.	48	54	56	29.07	29.01	29.00	NE	Cloudy	
31 Tues.	47	60	63	29.11	29.18	29.24	NW	Fair	

The month of May has had a full share of cold, wet and blustering weather. It has closed with favorable indications for the husbandman. A frost on the 21st destroyed tender vegetables and some fruits in low lands, but did not affect the important fruits. Thermometer ranged from 35 to 78—mean 56. Barometer from 28.95 to 29.76. Rain fell 3.24 inches.

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No. 19.

CLIMATE, DISEASES, &c., OF WESTERN AFRICA.

FROM THE JOURNAL OF DR. SAVAGE, MISSIONARY AT CAPE PALMAS.

CHARACTER OF THE CLIMATE.—The many deaths that have occurred at different periods, at Cape Coast, have given to it the character of being unfavorable to health. The main part of the settlement is elevated, and freely swept by breezes from the sea, two facts necessary to salubrity in Africa. An evident local cause of disease, in my estimation, lies in the stagnant pools within the native town, and the filthy habits of its inhabitants. Effluvia, exceedingly unpleasant, are constantly evolved, and, at certain seasons, must prove very deleterious to the health of foreigners.

Some peculiar Diseases.—Some local diseases exist here which are exceedingly repulsive, and one would suppose, much to be dreaded; but from their being so common, they seem to attract but little notice. They are, especially, the *Guinea worm* and *elephant leg*; neither of which occur on the Ivory or Grain Coast. Both are known at almost all points on the Gold Coast.

The seat of the worm is the skin. It often burrows in the fascia of the tendons and muscles; but, most generally, may be traced by the fingers, feeling like a small cord beneath the surface. It makes its appearance externally by a small white vesicle, preceded and accompanied by severe pain and inflammation, often resulting in tedious ulcers, and sometimes in the loss of the use of the limb by permanent stiffness, or amputation. It may make its appearance in any part of the body, but the lower extremities are most frequently affected. Instances are related of its exit from the eye, and under the tongue. Two or more sometimes appear at the same time, generally but one. Their length varies from two to six feet.

The cause is not satisfactorily known. Various conjectures and theories have been started. Some say the rudiments are taken in by drinking the water, and others, through the skin in bathing, &c. The existence of the disease being known, and the sub-cutaneous cellular tissue of the lower extremities being its nidus, but little difficulty will arise in the mind of an *observer* as to its proximate cause, when he sees men, women and children, as I have, bathing in pools of water green and evidently malignant from stagnation. The same is often used for drinking and culinary purposes by the natives.

The Europeans, who use the rain water kept in tanks, occasionally

have it. It is said never to have been detected in *tank water*. But while at the mission house, I discovered, in the act of drinking, *two* in one tumbler, which, upon examination by the microscope, proved to be the true filaria, or this "Guinea worm." They were about two lines in length, and upon the head of one, the *black speck*, seen through the vesicle as they first appear upon the surface, was distinctly visible.

Great care is required in the process of extraction. If broken it will be followed by protracted suppuration and extensive ulcers, leading often to loss of the limb. They sometimes recede from the surface once having made their appearance, and attack a distant part, or never re-appear during life.

The thought of being thus a prey to worms during life, I must acknowledge, is truly revolting; but, upon reflection, it may be asked why should it be more than to disease in any other form? The unpleasantness of the idea lies, perhaps, like that of many others, in the associations connected with it—*death* and the *grave*. There is, seemingly, an incongruity presented to the mind.

The other disease is the "*elephant's leg*," erroneously called elephantiasis; the latter, properly speaking, being a totally different affection. The leg is hard and enormously swollen, resembling in its thickened and wrinkled skin that of the elephant, from which fact it takes its name. As it occurs here it is probably the result of neglected or badly-treated intermittent fever. At the recurrence of almost every febrile paroxysm, the effusion increases. The disease soon becomes chronic; the great size and heavy wrinkles of the limb become permanent—and the parts, at first acutely sensible to the pain from diseased action, ultimately lose their susceptibility almost entirely, when the patient is obliged to drag about with him this "*load of leg*," from which he can find no relief but in the grave.

Difference of Climate between the Gold and the Grain Coasts.—While here, I had the privilege of examining the meteorological journal of Mr. Bartell, regularly kept for a number of years. From this it would seem, that the average temperature on the Gold Coast is about two degrees higher than on the Grain Coast. The heat during the "hot season," is generally acknowledged to be more oppressive than even this thermometrical difference indicates. This is confirmed by the established customs on these two sections of the coast. There it is the custom to suspend labor in the sun from 10 o'clock, A. M., to 3 o'clock, P. M. During these hours the Europeans likewise refrain from walking and travelling, and other ways of exposure to the sun. The contrary is the course on the Grain Coast. The same times, and number of hours for labor and travelling, are observed as in the temperate regions of Europe or America.

The same excess is remarked in reference to the violence and quantity of the rains during what is called the "wet season." They are much more moderate on the Grain Coast than here, or in the same latitudes on the windward coast. This excess is observable at Montserrado, and increases as we approach Cape De Verd.

Burning the Dead—Law in relation to those who commit Suicide.—In a walk to-day I met with a heap of calcined human bones; was in-

formed that they were those of some one who had been dead many years. The commandant of the Fort informed me that a custom exists among them of burying their dead under the floor of their houses, and at an indefinite period reducing them thus to ashes to prevent their desecration. But I afterwards ascertained that in this instance they were the remains of a man who had committed suicide by shooting himself in a fit of anger with another. Suicide, it is said, was formerly very common among the natives. A law, passed a few years since in council at Cape Coast, that all guilty of this act should be burned to ashes, has greatly diminished its frequency.

Strange Custom in relation to the Birth of the tenth Child.—Passed also a small enclosure of wicker work, in the centre of which was a mere *shelter* for a woman within, having an infant in her arms. It is their custom when a *tenth* child is born, to thus separate the mother from all society for a given number of days, allowing her food barely sufficient for subsistence. Before the Forts obtained their present influence, the infant was destroyed, under the superstitious idea, that if permitted to grow up, it would prove "*a witch*" to the other members of the family, i. e., a constant cause of trouble and disease, and at last death. The usual mode of destroying it, was *burying it alive*, and then *treading down the earth upon it*. It is said that this horrid practice is still continued secretly by some, and known to be so openly in the towns more distant.

The same shocking death follows in cases of congenital deformity. And many other customs equally barbarous are still in existence a few miles distant from the Fort.

CONVULSIONS CONSEQUENT UPON DENTITION, TREATED BY THE APPLICATION OF ICE TO THE SPINE.

FROM A CLINICAL LECTURE BY R. E. TODD, M.D., F.R.S.

THE third case to which he would call the attention of the students, one of infantile convulsions, likewise came into the class of what one might call diseases of emergency. It was certainly one of those cases in the treatment of which the medical man especially required to keep in view correct principles, and should carefully avoid adopting a routine practice. Convulsions were *symptoms* of disease, to which, indeed, they stood in the same relation as the vomiting occasioned by an incarcerated hernia did to the obstructing cause. The first and main point to which they would have to decide when called to a case of convulsions, was their cause.

Convulsions could not occur without some affection of the medulla oblongata or spinal cord direct or indirect; mechanical pressure on the *fontanelle*, as in parturition, might occasion convulsive movements; pressure on the tumor of the acephalous fœtus did the same. Irritation of the nervous centre itself, then, might cause convulsions, as we knew often resulted in children from tubercular disease, and in adults, too, from meningeal disease irritating the brain. But the irritation of the nervous

centre might result from some distant irritation propagated to it by an excitor nerve; and in children, infants especially, this was most commonly the case. The excitement occasioned by the teeth slowly making their way through the gums, or some derangement of the stomach or bowels, not unfrequently re-acted on the nervous centres, exciting an irritation there which proclaimed itself by giving rise to convulsions. The case which led him to make these remarks was that of a child, Edward Brooks, aged 18 months, who was admitted into hospital on the 23d of January of the present year. The child's mother, who was a young woman of 20 years of age, earned her livelihood as a hawker in the streets. The infant, therefore, must have been much exposed, and ill-attended to, ill fed, and half clothed; for the first month after birth the child had frequent attacks of convulsive twitchings of the limbs, with drawing of the head backwards, and starting of the eyes; he was often awoke from sleep by these attacks.

On the 23d of January in the morning he was seized with a convulsive attack, having previously passed an uncomfortable night, and apparently suffering pain in the right side of the head, as indicated by his frequently placing his hand there. The fit lasted ten minutes, but after it had ceased the right hand shook violently; at one o'clock a second fit occurred, and as it did not seem likely to cease readily the mother applied to the hospital.

The child was admitted at 2, P. M.; at that time the following symptoms presented themselves:—Total absence of consciousness; powerful convulsive twitchings of the flexor muscles of the right side, and also of the muscles of the face on the same side; internal squinting; pupils natural; respiration heaving and difficult; deglutition impossible; action of the heart very rapid. Such were the symptoms; they were symptoms of irritation, and the first inquiry of the medical man should be—what is the source of the irritation? Dentition, as was well known, was a very fruitful source of irritation to infants, and so frequently gave rise to convulsions, that the practitioner would be guilty of an unpardonable oversight who did not first carefully examine the gums to ascertain whether any teeth were struggling to come forward, and if so, to divide the membrane which retarded their progress.

Mr. Pincott, the excellent resident assistant to the physicians, having found the gums swollen, scarified them freely; and here let him (the lecturer) remark, that in the management of cases like the present they must not be content with a simple incision of the gum, they must take care to divide it freely, so as to cut through all the coverings of the tooth, and thus to remove every obstacle to its protrusion.

The scarification of the gums in this case, however, was not followed by any improvement in the symptoms; the child was then immersed in a warm bath at the temperature of 100 degrees for ten minutes. There was still no improvement. In half an hour afterwards, with the view of removing any irritating matter which might have accumulated in the bowels, an enema, consisting of four ounces of gruel, and two drachms of spirits of turpentine, was administered, but without good effect. Cold sponging of the head was next tried, and two leeches were applied to

the right temple; these bled freely, and in half an hour the convulsive twitchings gradually left the right side, but consciousness did not return; the muscles of the left side of the face became slightly convulsed, and the twitchings gradually extended to the whole of the left side; the extremities of the right side remained powerfully flexed, and could not be extended. The child was in this state at six o'clock, P. M., five hours from the commencement of the fit. It then occurred to Mr. Pin-cott to adopt the expedient which they had, not long since, found to produce such marked effects in a case of hydrophobia, namely, of applying ice along the back of the neck and spine, with a view of calming, by the sedative agency of cold, the irritable state of that portion of the cerebro-spinal axis which he rightly judged to be affected, the medulla oblongata and spinalis, and the happiest results followed. Ice was applied in an ox-gullet along the course of the spine, extending from the occiput to the sacrum. Immediately on its application the breathing became easier, the child sighed several times, the pulse fell rapidly, and in ten minutes the convulsions had entirely ceased. Consciousness was not immediately restored, but as soon as the convulsions were over, the child fell into a sound sleep. Next morning the child was quite conscious, but irritable; he was freely purged with a little calomel and jalap, and left the hospital quite well in the fourth day from his admission.

The result of this case was highly satisfactory, as affording a clear example of the good effects resulting from the sedative influence of cold. He would, however, impress upon them that an application thus made to the region of the irritated nervous centre was less likely to be useful, if the original irritant was not removed or diminished; and, therefore, it would not have been good practice to have applied the ice, unless the gums had been previously freely scarified, and means used to clear out the bowels. Of the value of leeching and the warm bath in the convulsions of children, he could not speak so favorably. He thought, as a general rule, depletion in convulsive affections was bad; it tended to impoverish the blood, and to render the system more susceptible to irritating influences; it was only admissible where there were decided indications of inflammatory action. The warm bath was a popular remedy, and was, he thought, almost always used empirically, and without any definite object. Sometimes it seemed to soothe the patient; at other times, and he thought more frequently, it either did no good at all, or did positive mischief, relaxing and increasing debility. It was, however, an expedient which now and then they might try, and even with benefit; and in such cases it possibly acted by soothing the external sentient surface, whence the calming influence was communicated to the centres.

It had been assumed in this case that the symptoms under which the child labored were the result only of a temporary irritation of the nervous centres. What evidence was there that the brain, medulla oblongata, or spinal cord, or their membranes, did not suffer from inflammatory disease, tubercular irritation, or other chronic affection? The evidence appeared to him to be derived mainly from the history of the case; the child had been in good health for several months up to the day of

his seizure; the seizure was perfectly sudden, and unaccompanied by any masked premonitory symptoms. After the first fit the child enjoyed a freedom from suffering for a little time, and then the convulsions recurred with the same suddenness as before; there was no great degree of febrile movement, nor heat of head, no vomiting, which was so frequent a symptom in children's head affections; and the speedy result of the treatment certainly confirmed this view, for it could not be supposed that, had actual disease existed, the child would have become convalescent so rapidly.—*London Lancet.*

SECALE CORNUTUM.

NOTWITHSTANDING this article has been in constant use for half a century, and, as a general remark, given with a view to its parturient action upon the uterus, still much contradictory testimony exists in relation to its effect upon the system, and the most judicious mode of exhibition. Many practitioners administer ergot very frequently, and, as they affirm, with the most certain and beneficial results; others are of opinion, from similar practical observations, that it exerts a most pernicious influence, both upon the mother and child—especially the latter; while another class deny any sensible action whatever upon the uterine system. Many intelligent accoucheurs, after repeated trials, have satisfied themselves that ergot exerts no ecbotic influence under any circumstances, and that it uniformly disappoints the expectations of the practitioner.

We are satisfied that this contradictory testimony arises from two circumstances. 1st. The employment of an inert preparation; 2d. Administering it in an improper form.

Ergot is an article which speedily loses its medicinal virtues—at least its ecbotic powers—by age, more especially if it is pulverized; hence, the indispensable necessity of obtaining a recent article, and carefully preserving it without pulverizing, and free from exposure to light and air, until the time of its administration. If these precautions are not attended to, disappointment will follow its administration.

In the next place, it is of equal importance to employ a proper pharmaceutical preparation. We presume that much error exists on this point. Prof. Hooker, of Yale College, ascertained that, by evaporating an ethereal tincture of ergot, a small quantity of thick oily substance, resembling fish oil, remained in the bottom of the vessel, and *above* this was a much larger amount of a light, reddish-brown oil, of a sweet, nauseous taste. This light oil was found to manifest *narcotic* and *sedative* properties, reducing the action of the pulse, and acting decidedly on the nervous system. When ergot is taken in substance, the narcotic with the ecbotic properties are received, and injurious effects may very readily happen, both to parent and child. If, however, we employ an infusion or decoction, the narcotic oil, being insoluble in water, will be left in the residuum, and only the parturient property of the medicine will be exhibited. If, therefore, recent ergot be prepared, by infusion or decoction, in the proportion of ʒ i. to ʒ iv. of water, and one or two ounces administered

at proper intervals, the practitioner will seldom be disappointed in his expectations.

This subject was brought to our mind by witnessing a case recently, in which the effects of *secale cornutum* were most signally displayed. A lady had been in labor five days; but, owing to inefficient uterine contraction, delivery was not effected. The case was complicated with hæmorrhage at the recurrence of each pain, which adding greatly to the exhaustion, speedy delivery became desirable. The os uteri was partly dilated, soft and yielding, and all the soft parts in a favorable condition for delivery. Under these circumstances, two ounces of the decoction of ergot were administered, and in fifteen minutes active contraction came on, which continued until the fœtus was expelled, which occurred just thirty-five minutes after the administration of the medicine. Thus a labor was terminated in thirty-five minutes, which, probably, might have lasted as many hours.

It is not improbable that one source of failure in administering the powder arises from the narcotic *counteracting* the ecbotic powers. The great sedation which is produced by the narcotic property of ergot, depressing the energies of the nervous and muscular systems, would, we apprehend, be quite sufficient to destroy, in many instances, the parturient action of the medicine. Consequently, injurious effects would certainly follow, proportioned to the amount administered, and the constitutional peculiarities of the patient.—*Western Lancet*.

EXTERNAL, OR SUPERFICIAL CARIES OF THE TEETH.

EXTERNAL caries differs considerably from internal caries, particularly in its origin and remote causes. Each will, therefore, require a separate consideration.

Although external caries may be slower in its progress than the other, it is not less certain of producing ultimate destruction, and I am inclined to consider it of more frequent occurrence than internal caries, and consequently a source of at least as serious apprehension. All the teeth are quite as liable to this variety of caries as they are to the other; but this not only extends its morbid action, like the former, to the crown, but also to the neck and roots of the teeth, whenever exposed to the ordinary causes of the disease.

Although all parts of the crown and of the body of the teeth are liable to this disease, yet it is most frequently observed to commence at those sides which are in contact with the neighboring teeth. It never affects the extreme ends of the roots, but is most frequently seen in them near the neck; and it generally attacks both the roots and the neck on those sides of the tooth which form the semi-circle or arch of the jaw. When it makes its first appearance on the surface of any part of the crown of the tooth which is covered with enamel, it generally presents itself as a very small speck; though sometimes as a large, round, or irregular spot. After the removal of this irregular, broad, or round spot of caries with the file, it will be generally observed to have

extended superficially only; and to have penetrated in this manner through a part or the whole of the enamel.

It will next exhibit on the surface of the bony structure a small spot, similar to that sometimes observed on the enamel; whence, in either case, it almost invariably proceeds in a direct line towards the cavity of the tooth. This spot appears in some cases not larger than a point, although it already may have penetrated a third, or even half of the bony structure of the affected side of the tooth. On such parts as are not covered with enamel, the neck and roots of the tooth for instance, the spot generally appears irregular, and extending across a considerable portion of the surface of the neck, having the appearance of a notch of an oblong form. The color of carious spots may be white, gray, yellow, brown, or black; the specific appearance being presumed to depend upon the chemical influence of the external fluids on the diseased parts.

Sometimes the disease of the crown penetrates very nearly to the lining membrane of the tooth, before the mortified bony structure becomes sufficiently soft to allow the escape of the diseased matter, so as to form a cavity; but this is more rarely the case in the roots or neck, which are generally of a softer and more easily corroded nature. This state greatly depends upon the different proportion of the animal and earthy constituents of the bony structure of the tooth; and also on the chemical state of the saliva, which is naturally much influenced by the state of the other teeth and parts of the mouth, as well as by the general state of health of the individual. As the carious matter increases in its corrosive qualities, and the affected part becomes softer, the disease causes a cavity in the crown of the tooth similar to that produced by internal caries; excepting that the cavity produced by the latter is generally large and round, whilst that produced by superficial caries is frequently narrow like a tube. When seated in the necks and roots of the teeth, caries rarely forms such a cavity; but extends itself on the surface, and becomes broad and more irregular in its progress; and sometimes in the neck of the tooth it has the appearance of undermining the enamel towards the crown, so as to form an oval or oblong cavity ending in a point at each extremity, such as might be cut into it artificially by a triangular file. After the disease has penetrated through the enamel, its progress and effects, as well as symptoms, are precisely like those of deep-seated caries.

It is subject to all the same general and local influences, with this difference, however, that such teeth as are affected by external caries being of a stronger original construction than such as are affected with deep-seated caries, they are acted upon more slowly than the latter; consequently, if we suppose that the diseased action of deep-seated caries requires from one to five years to penetrate through the bony structure of the tooth, and to destroy the life of its lining membrane, superficial caries may require from four to ten years: and the chemical destruction of a tooth, the death of which has been effected by the latter disease, will occupy a much longer time than that of the former. This kind of caries advances so slowly in an originally strong tooth, and extends itself so little on the surface, that its progress may appear to be altogether arrested.

Entire suspension of the malady, however, is impossible, as long as dead matter is allowed to remain in contact with the living structure ; although it may proceed so very slowly as to make its progress imperceptible for some time, it will, however, in the event, never fail to become evident on the accession of symptomatic inflammation, or of any other sufficient cause of irritation.—*Amer. Library of Dental Science.*

CASE OF RETROCEDENT MUMPS, WITH HEMIPLEGIA AND COMA—RECOVERY.

BY ALFRED HITCHCOCK, M.D., ASHEY, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A——, æt. about 32, mother of two children, was attacked February 9th, 1842, with very violent precursory symptoms of parotitis. Severe pain in the head, bilious vomiting, and high inflammatory fever, continued for three days. Bloodletting, evacuants and diaphoretics, with strong sinapisms to the parotid glands, constituted the treatment.

13th.—Febrile symptoms all gone. Left parotid gland considerably swollen and tender. Sweet oil applied, and parts to be kept warm. Ordered diluents and mild diaphoretics.

18th.—Patient quite comfortable ; no pain or fever ; left parotid considerably more swollen, but rather less sore.

19th.—At 5 o'clock, A. M., was summoned in haste to see Mrs. A. She had been awakened suddenly by a frightful dream ; was greatly excited, and complained of excruciating distress in the head ; said " something had broke in her head ;" vomited several times during the night ; the swelling of the parotid entirely gone ; surface of the body rather cool ; pulse 70 ; patient very restless ; mind gloomy. Gave cathartic ; applied strong sinapisms to glands and to extremities ; pediluvium, frictions, &c.

20th.—Patient passed a comfortable night ; free perspiration ; mind rather desponding ; expressed great anxiety about her children sick with scarlatina. At 4, P. M., patient much worse ; headache and restlessness increased ; mind wandering ; cool extremities ; partial coma ; answers in monosyllables ; frequent yawning ; complains of numbness of right arm ; pulse 55, rather weak ; pupils slightly dilated ; scalp cool. Gave ether, ammonia, wine, &c. ; blisters to parotids, to nuchæ, and Granville's lotion to epigastrium ; artificial heat to the extremities. At 11, P. M. coma more complete ; pulse 48, weaker ; surface cool ; right arm paralytic. Gave oil of turpentine in teaspoonful doses every ten minutes for one hour. Pulse rose to 60 ; surface became generally warm, and patient much more quiet.

23d.—Since the last date patient has had several convulsions ; right arm and leg have become paralytic ; nearly complete coma ; can be roused, and will give correct answers in monosyllables ; tendency to coldness of the surface ; pulse from 50 to 70, varying every hour ; bowels moved freely ; dejections involuntary ; gaping and yawning very frequent ; eyes normal ; no swelling of the parotids. During the last three days

patient has taken three grains of calomel every four or five hours ; morphine to control the bowels, and allay spasmodic symptoms ; scalp shaved and covered with blistering cerate ; ether, ammonia and wine when surface was cool. Several physicians have seen the patient in consultation. Prognosis unfavorable. The oldest of the consulting physicians said—" she would die in five days."

25th.—Patient remains much the same as at last date, excepting pulse increased in frequency. Insensible to blisters ; dejections still involuntary ; pulse 130, weak ; mouth sore, and mercurial fetor of the breath. Discontinue calomel. Gave ammonia, morphine, quinine and brandy.

26th.—Passed a comfortable night ; two dejections, dark and offensive, containing three lumbrici ; patient responded " good morning," asked her children some questions, moved the right arm ; pulse during the day from 130 to 140, very weak, and rather irregular ; pupils of both eyes respond to light ; conjunctiva of right eye highly injected. Gave quinine and brandy in large and frequent doses ; morphine if patient should be restless or show convulsive symptoms.

28th.—Patient rather more wakeful ; mind occasionally wandering ; both eyes very red ; blisters healing ; complains of sore mouth ; can move right arm and leg. Gave half an ounce of castor oil ; continue quinine and brandy ; gum Arabic tea for beverage.

March 2d.—Pulse 108 ; mind good ; mouth very sore ; is fully sensible of dejections. Gave half an ounce of castor oil, and continue quinine and brandy ; diet more nutritious.

3d.—Pulse 98 ; mind good. Continue treatment.

6th.—Patient convalescing. All the blistered surfaces have desquamated. Ordered mild laxatives occasionally ; continue vegetable bitters, and take morphine when indicated.

10th.—Patient has continued to improve in every respect ; tongue cleaned and mouth nearly well. Continue treatment.

24th.—Mrs. A. has been improving since our last date ; mind clear ; appetite and digestion good ; nervous and paralytic symptoms all gone. Discontinue attendance.

What was the pathological condition of the brain during the continuance of the paralysis and coma ?

May, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 15, 1842.

DEATH OF DR. OLIVER.

MEDICAL scholars, throughout the United States, must necessarily be familiar with the name and distinguished attainments of the late Daniel Oliver, M.D., LL.D., who died at Cambridge, Mass., on the first of June. He was a man of mild deportment, gentlemanly in his intercourse, and

remarkable for the purity and moral worth of his character. Dr. Oliver made no high pretensions—was never obtrusive, nor was he ever known to deviate from the upright course of a Christian physician. He entertained correct views of the object of life, and, in all his movements with the world, seemed to act under a deep feeling of responsibility to a higher Power. In the character of a teacher of medical science, he was regarded in the light of a sound, methodical philosopher, who reasoned from facts. A theory might entertain him, but until some tangible evidence of the truth of a proposition could be established, his understanding never readily assented to it. He was eminently correct in the chair: the students felt that they were guided by an honest man, who knew all that was known of the subject on which he discoursed. With indefatigable perseverance, authors of all epochs, and of all languages too, of estimation in literature, contributed to enlarge the boundaries of his knowledge, and thus to enhance the value of his lectures. There was no meteoric display of learning in the lecture-room—no attempt at brilliancy of expression or untimely throes of wit. A calm, dignified manner, that commanded both respect and silent attention, characterized the public exercises of the Professor. That quiet manner which marks the habitually thoughtful man—evidencing the power and majesty of a cultivated intellect—was strikingly manifested in the good man whose death is now deplored. He was not one of those inapproachable literary giants, who maintain an ascendancy over those less learned than himself, by keeping wholly out of sight. All who knew him, loved him, and he loved all who loved God.

To strangers, he sometimes had the appearance of coldness and reserve; but this should be attributed to his supposing that they could feel no particular interest in him, rather than to any want of kindness of heart or philanthropy. He was a man of erudition, delighting much in the perusal of the works of the Greek and Latin poets, philosophers and historians, in their original languages. Nor was his acquaintance less with German and French authors. He had an exquisite taste in music, and was a tolerably good performer on the piano. He delighted greatly in metaphysical speculations, and his views were characteristic of great acuteness and vigor of perception, subtlety of discrimination, and original and unexpected deductions. As a member of society, his dealings with others were dictated by justice, religion and humanity. To preserve the *mens silec conscia recti* was his principal aim in all things, and though easily persuaded and yielding to the requests or persuasions of others, as to matters merely indifferent, in other cases, especially where honor or conscience was concerned, he was well known to be perfectly inflexible, and a striking example of the *justum et tenacem propositi virum*. A few days before his death, he assured a friend, sitting by his bed-side, that in his situation "he found the consolations of religion unspeakable."

Such were the prominent traits in the character of this excellent physician. Aside from a variety of scientific and literary productions of which he was the known author, his large work on physiology, widely circulated in this and other countries, will be a permanent record of his fame. The science of life was studied by Dr. Oliver with indefatigable industry. Life, however, was too short for the accomplishment of the many benevolent designs of such a mind. Conscious of the approach of death, he looked forward with the confidence of a Christian—believing that this was only the commencement of a never-ending existence.

Charitable Eye and Ear Infirmary.—Since speaking of this Institution, in connection with another subject, last week, some interesting statistical observations were made in our hearing in regard to the manner in which it is likely to be sustained. For several years the Infirmary struggled against many adverse circumstances, which is the usual lot of all new things. People could not understand precisely the necessity for an establishment exclusively for managing diseases of the ear and eye. To one who was ignorant of the extensive diffusion of the blind over the northern States, it is not at all strange that a query should arise with respect to the expediency of the undertaking. However, the surgeons kept steadily to their purpose, undismayed by the neglect of those who should have been immediate patrons, until there was an influx of patients from all points, attracted to the metropolis by the growing reputation of the surgeons on whose fame the character of the charity rested. When the attention of the community became ultimately awakened to the claims of the Infirmary, a site was purchased for a hospital. That was no sooner organized, so that the blind could almost see that a fostering hand should be extended from some direction, than the Legislature made an appropriation of two thousand dollars per annum for five years; and at the expiration of the term, at the last session, it was humanely and generously continued for another five years to come. There is now a fund of ten thousand dollars, well invested—and wills enough made, we trust, in which the Infirmary is remembered, to place it eventually beyond the reach of want. If the hospital in Green street were frequently visited by the benevolently disposed, as it should be, and the happy results of various operations were rightly appreciated, it is quite certain that it would become a favorite object of regard. We are well persuaded that it will become, at a future day, a rich, as well as a permanently useful, institution, of which the citizens of Boston will be proud. A large stone edifice will probably take the place of the present wooden one, in which convenience, combined with elegance, should be united. This is not all: we have no doubt that this will be the northern school of ophthalmic surgery, from whence operators will spread themselves over the wide expanse of our common country, to bless the afflicted with the knowledge they may have acquired here.

The destiny of the Infirmary is evidently a much higher one than might be expected from its unpretending efforts in the beginning, or its unostentatious display at the present moment. Operative surgery will be differently practised within a very few years. Instead of doing some of everything, one surgeon will probably practise exclusively in one department, and another in another. The dentists are set apart in the right manner to insure a sort of mechanical perfection, which could not be attained if they also practised medicine, kept a druggist's shop, and splintered up broken limbs besides. A similar system is actually in the process of development in other branches of surgery. The oculists wisely meddle with little else than the eye, and hence the confidence reposed in them. When these sub-divisions are carried out still further, as they assuredly will be as the population of the country increases, greater adroitness and success in the use of instruments will follow. On this known and acknowledged principle of enlightened progression in any and all the arts, is based our predictions touching the Massachusetts Charitable Eye and Ear Infirmary.

Pharmacopœia.—Prefixed to the new edition by Messrs. Grigg & Elliot, is a short historical introduction. The Pharmacopœia of the United States was first published near the close of 1820, under the sanction of a national medical convention which assembled in the city of Washington on the first day of January. It was then resolved that a second convention should meet in 1830 in the same place, for the revision of the work. At that meeting it was decided that a third should be held on the first Monday in January, 1840, with a view to any further alterations or modifications which the onward march of time, and the revolutions and discoveries in science, might render expedient. In this historical memorandum are found the names of those who composed the last delegation. Massachusetts was without a representative, we are sorry to say. George B. Wood, M. D., of Philadelphia, was chairman of the committee of revision, and the individual, it appears, to whom the profession is indebted for this admirable national design. The question arises—can this be made the national standard in pharmaceutical preparations? Again, to what extent has it been adopted in the United States? These are questions that might be answered by those who have certain knowledge upon these points.

Sull' Ernie.—A new publication by Prof. Portal, of Palermo, printed at Naples, the present year, with the above title, came by a late arrival at this port. The Professor treats lucidly the subject of hernia, and illustrates the text by the narration of important cases which have fallen under his personal care. It would hardly be worth while to make a translation, as a large share of the treatise is made up of extensive quotations and comments upon the English and French surgeons. Very few, at the present day, who are ardently pursuing the routine of professional labor, have accomplished so much for the literary reputation of themselves or their country, as Prof. Portal.

Glass Syringes.—These are beautiful instruments, are always superior to metal, are less expensive, and more easily kept in a cleanly condition. Even the piston is made of glass, improper as it might at first appear. The glass blower will give any desirable shape to the pipe which may be proposed. The advantages of the glass syringes over pewter, block-tin, German silver, &c., need not be set forth, since the fact is obvious that the smooth surface alone, independent of other valuable properties, should give them universal preference.

Dr. Dix's Disclaimer.—TO THE EDITOR.—DEAR SIR,—Will you oblige me by publishing the enclosed letter, and with it a few words explanatory of the circumstances which called for it.

In February last I went to Springfield, at the request of a physician of that place, to perform operations for strabismus at a hospital under his charge. Soon after my return, a professional friend inquired of me if I had written, or caused to be published, a handbill of which he mentioned some of the particulars, and which he informed me had been laid before a meeting of a society in this city, with the understanding that it originated from me. I immediately addressed a letter to Springfield on the subject, and received, in addition to the reply of my correspondent, the following :

DR. DIX,—RESPECTED SIR—It is with feelings of deep regret that we learn that an attempt has been recently made to fasten upon you the authorship of the handbill which we issued at the suggestion of Dr. Jones, notifying this community of the time and object of your visiting this place; and we beg leave to state the following facts in the premises. Dr. Jones called at our office on or about the 11th of January, and informed us that you were expected to be in town on the second week in February for the purpose of operating for strabismus, and wished us to print a notice to that effect, but stated that he had not drawn up one, and as we were better acquainted with the usual style of handbills, said he would leave the arrangement of it to us. We accordingly prepared the handbill, depending upon Dr. Jones for the simple fact alone that you were the first to introduce this operation into the country. The language and arrangement of the bill is our own, and the term “celebrated oculist” is one of our own choice and selection. And the above statement we are prepared to repeat upon oath. With sentiments of much esteem we remain,
 Yours very truly,
 WOOD & RUFF, *Printers.*

Springfield, Feb. 26, 1842.

Having shown this to a few friends, I caused it to be read at the next meeting of the Society. I supposed that I had done sufficient to correct the impression. It has, however, been suggested to me, that a similar impression may have been made on the minds of some to whom my disclaimer could not have reached; and on obtaining yesterday a copy of the handbill (which I had never before seen), I was convinced of the necessity of making this statement for the information of some of my brethren at a distance, by whom I would not be suspected of such a professional impropriety, any more than by my immediate associates. It will be seen, also, that the handbill was not written by the physician alluded to above.

I would not be thought to imply, that I was ignorant of the fact that a public notice was to be given by the newspapers, or otherwise. This was fully understood and acceded to by me. I simply deny the authorship, or any knowledge of the advertisement which was made.

Boston, June 10th, 1842.

Yours, &c. JOHN H. DIX.

A Hint to Magnetizers.—A peripatetic magnetizer, M. Laurent, accompanied by the well-known Mademoiselle Prudence, has recently met with a very untoward check at Lille. The young lady, whose eyes were covered by pieces of court plaster and a bandage, astonished the spectators by the facility with which she played at cards and dominoes. Some medical gentlemen present, on watching Miss Prudence rather closely, discovered that very slight motion sufficed to displace the bandage, and that the lady had anointed her eyelids previously with oil. The secret thus discovered was immediately applied in practice. A gentleman oiled his eyelids, put on the bandage, and was able to play at cards just as successfully as Miss Prudence. On this discovery being made public, M. Laurent and his pupil decamped from Lille, and have not been heard of since.—*Med. Intel. and Quar. Adv.*

Medical Miscellany.—Dr. Allen, of Middlebury, Vt., has concluded his able series of papers on the epidemic erysipematous fever, which

would be creditable to him in the distinct form of a book.—C. R. Gilman, M.D., after the 13th of July, is to be the editor of the New York Medical Gazette, assisted by George Wilkes, M.D., and Robert Watts, Jr., M.D.; William A. Le Blanc being the publisher.—Dr. Burdell has republished the writings of the long-lived Lewis Carnaro.—Dr. J. R. Buchanan, of Louisville, Ky., is preparing a new work on *neurology*. Great discoveries, he says, have been made by him in phrenology or animal magnetism—it not being precisely known in which.—Mr. Sartain's drawing of the Friends' Asylum for the Insane, near Frankford, accompanying the 25th annual report, is a beautiful specimen of mezzotinto.—Dr. Mayo's suit for a libel, on Blair and Rives, at Washington, terminated in favor of the defendants.—Dr. Percival, of Connecticut, the far-famed poet, has completed a geological survey of that State, on which he has been laboriously engaged for the last five years.—M. Orfila has brought his researches on the absorption of mineral poisons, to a close. There may be detected in the liver and other viscera, lead, zinc, tin, gold, iodine and mercury, in cases where death resulted from their administration.—Sir C. Bell's body was critically examined after death, and it was ascertained that he had a disease of the heart, with considerable ossification.—Drs. Kittredge & Loring have opened a medical asylum at North Andover, Mass., for the reception of invalids.—Dr. David L. Malison edits the Herald of Health, which is principally devoted to the dissemination of general medical intelligence.—The first Astley Cooper prize of £300 under the will of the late great English surgeon, will be on the thymus gland. The condition is—that the essays written for the prize shall contain original experiments and observations—to be written in English or Latin before the 1st of January, 1844, and addressed to the Physicians and Surgeons of Guy's Hospital, London.—The French Academy of Sciences have awarded to M. Tanquerel-des-Plances, a prize of 6000 francs for his work on diseases caused by lead; and another of 4000 to M. Amusat, for his researches on the introduction of air into the veins.—An institution for the blind has been well endowed, organized, and located in Louisville, Ky., which opened for the reception of pupils on the 9th of May. Dr. E. Jarvis is one of the Board of Visitors.—Dr. Detmold, a well-known orthopedic surgeon, of New York, has commenced a series of lectures at the College of Physicians and Surgeons.

MARRIED,—In Boston, Dr. A. M. McLaren, Surgeon in the U. S. A., to Miss E. E. Townsend.—In Baltimore, Dr. E. W. Theobald, of Lexington, Ky., to Fanny, daughter of N. R. Smith, M.D., of Baltimore.—At Woodlawn, Md., Heber Chase, M.D., of Philadelphia, to Miss Ellen Skinner.—At Philadelphia, John J. Appelbaugh, M.D., of Lewiston, Penn., to Miss M. King.—At Marblehead, Dr. Thomas S. Blood, of Fitchburg, to Miss Anna W., eldest daughter of Dr. Calvin Briggs, of M.

DIED,—At Cambridge, Daniel Oliver, M.D., LL.D., formerly professor at Dartmouth College, and late professor in the Medical College of Ohio, 54.

Number of deaths in Boston for the week ending June 11, 40.—Males, 21; Females, 19. Stillborn, 6. Of consumption, 6—dropsy on the brain, 1—debility, 2—measles, 1—scarlet fever, 6—palpitation of the heart, 1—dropsy, 2—marasmus, 2—Inflammation of the bowels, 1—brain fever, 1—old age, 2—infantile, 4—croup, 1—lung fever, 4—Inflammation of the lungs, 1—accidental, 2—child-bed, 1—delirium tremens, 1.

MAYNARD & NOYES,

IMPORTERS and wholesale dealers in drugs and medicines, surgical instruments, &c., No. 11 Merchants' Row, Boston. Physicians from the country may be sure of receiving from our establishment none but the best of medicines, on satisfactory terms, for cash or credit, and are invited to forward their orders.

Je 15.—lamly

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, *Central Depot, No. 19 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—e3w1y

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by BENJAMIN EMMONS, M.D.
Materia Medica, by T. ROSEYNE BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al.27—tO

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Jy 28—e6ply

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On the douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; Iritis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance. D. CLAPP, JR., Publisher.

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

HENRY G. CLARK, M.D.,

May 19, 1842.

My 25—

No. 204 Hanover street, Boston.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—

D. SMILEY, JR.

VACCINE VIRUS.

As in any section of the United States can procure ten quills charged with PURE VACCINE virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 164 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$6.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JUNE 22, 1842.

No. 20.

MEDICAL STATISTICS OF THE U. S. SHIP CONSTELLATION, ON HER PRESENT VOYAGE.

[Communicated for the Boston Medical and Surgical Journal.]

As the medical statistics of our national ships, especially on voyages of circumnavigation, are somewhat of a desideratum, I hope that a concise history of the diseases affecting the crew of the United States Frigate Constellation, and the prophylactic measures adopted, may not prove uninteresting or useless.

A crew of 375 men, including officers, was received on board the Constellation, on the 26th of October, 1840, then moored off the Navy Yard, Boston:—Officers, 36; petty officers, 44; seamen, 122; ordinary seamen, 74; landsmen, 46; apprentices and boys, 24; marines, 29. When mustered, the crew presented the appearance of unusual physical energy and robust health. Such as were suspected of having feeble constitutions or special morbid predispositions, were subjected to a rigid medical scrutiny. Thirteen persons, thus surveyed, were condemned as unfit for the cruise, and transferred to the Columbus. We lay in Boston harbor through the inclement month of November, until December 9th, when we sailed for Rio de Janeiro. During the greater part of this time the weather was severely cold and stormy. In consequence of the incessant rain and sleet, the decks and apartments of the officers, the hammocks and bedding of the crew, were constantly damp, and as we did not enjoy the comfort of fires on board, the health of the officers and men was severely tried, nor did they fully recover until long after sailing. The thermometer, for many days, ranged between 20 and 30 degrees Fah.

From November 1st to December 9th, 85 cases were admitted to the sick-list, of which number 47 were cured, 13 condemned, and 25 remained under treatment at the time of sailing. More than half the cases were severe colds; the remainder were sore throats, rheumatisms and diarrhœas, caused by exposure in wet weather.

After sailing, in addition to the above causes of sickness, we experienced a gale of wind a few days out of port. Owing to some imperfection in the rudder coat, the quarters of the officers were flooded, and the ship generally rendered very uncomfortable. The battening down of the hatches caused a great difference of temperature between the apartments below and the gun and spar decks, and was a predisposing cause of sickness. We arrived at Rio de Janeiro on the 25th of January, 1841, after 46 days' passage. During the interval from the 9th of December to the 1st of February, 83 additional cases had been under

treatment, exclusive of 22 of slight injuries; 46 were colds, and 21 parotitis. The colds were very obstinate, and did not begin to abate until we crossed the line, and disappeared soon after our arrival at Rio.

We remained in the harbor of Rio 42 days, through the month of February until March 8th. The crew were daily supplied with fresh beef, and permitted the free use of the following vegetables and tropical fruits, viz.: potatoes, onions, pumpkins, oranges, paltas, figs, bananas and mangoes, all others being entirely interdicted. At this season of the year, neither the fresh provisions nor the fruits were of good quality. 77 cases were added to the sick-list; of which 42 were diarrhœas. Seven persons were condemned by medical survey and sent home. A seaman received a wound in a quarrel on shore, and died an hour afterwards from hæmorrhage, the axillary artery and vein having been divided.

Dr. Foltz, U. S. N., in his statistical account of the voyage of the Potomac around the world, says, "that ships of war remaining long in the harbor of Rio, usually have large sick-lists; diarrhœas commonly prevail; they are insidious in their approach, and frequently terminate in ulceration and a severe form of dysentery." Frequent cases of sarcocele cannot fail to attract the notice of a stranger in almost every street of Rio. Elephantiasis and framboësis are also very common among the slaves. The inguinal glands are extremely susceptible to indurations and enlargements difficult to resolve. Ships remaining many months on the east or west coast of South America rarely escape without numerous cases of these inguinal swellings, which, notwithstanding the most approved treatment, sedulously enforced, will suppurate, and produce obstinate indolent ulcers.

We anchored in Table Bay on the 4th of April. For a few days after sailing we had each day several cases of diarrhœa; the sick-list does not otherwise require particular notice. The Potomac had 40 cases of dysentery during the same passage in 1831. During the latter part of April we sailed 60 miles to the northward, to Saldanha Bay, where the ship remained nearly three months, undergoing such repairs as would enable her to continue the cruise. This commodious harbor is now but little resorted to, on account of the difficulty of finding a sufficient supply of water of a good quality for a large shipping. Should this defect be obviated, it will eventually become known to the commercial world. The soil about the Bay is light and sandy, with a substratum of limestone or clay. It is strongly impregnated with the salts of potass and soda, fine salt-pans being formed in some of the adjacent places, by the evaporation of pools of fresh water. The consequence is, that all the fountains of water now open on the shores of the Bay, especially those of the residency, are strongly impregnated with nitre and salt, having a slightly brackish taste, and producing the effect of a gentle diuretic and purge. This water may be used with impunity by the crews of vessels lying in Saldanha Bay, but is unsuitable for taking to sea. A tank of this water was kept on board the Boston until our arrival at Quallah Battoo, when it was served out to the crew, producing diarrhœa in one or two cases, and in a great number of instances having the full effect of a saline cathartic. After a fair trial, the use of the water of the resi-

dency was discontinued on board the ship while we were at Saldanha Bay, and supplies obtained from Cape Town.

The *aloe spicata* is seen covering the fields in the vicinity of Cape Town. The *disasma crenata*, known by the Hottentot name of buchu, is also a native of the Cape. There are several other medicinal plants greatly prized in domestic use by the Hottentots and Dutch Boors. There is one, which passes under the popular name of "*bush tea*," the infusion of which is an excellent tonic, having a taste resembling the *salvia officinalis*.

The climate fluctuates between the extremes of rain and drought. From May to August the rain falls abundantly, the prevailing winds being from the north and north-west. The mountain tops were covered with snow during some days of July, producing a singular contrast with the verdure of the plains. The soil is cultivated during this season (the winter), depending on the periodical rains, it being impossible to resort to irrigation to any extent except in the vicinity of Table Mountain. During the summer months the clayey soil is completely baked, so as to be absolutely impenetrable to instruments of tillage, but when the rains fall, the transition from sterility to exuberant vegetation is like the work of enchantment, presenting all the difference between life and death.

The mean temperature is 68 degrees. In clear weather the dews at Saldanha Bay were exceedingly heavy, but I am induced to suppose that the contrary is the case in the interior, as a residence there is highly recommended for pulmonary affections. Numerous invalids from India resort here, Cape Town being one of the prescribed places for those travelling on sick certificate, few invalids in the Company's service being allowed to resort to places farther to the westward. The climate is favorable to longevity. The bills of mortality exhibit the diseases to be met with in the corresponding northern latitudes (34 degrees), except the malignant diseases of the tropics.

Our number of admissions to the sick-list during the month of May was 85, giving an average of nearly three daily. The daily number of the sick-list shows an average of 24. During the months of June and July the number of admissions was reduced to 70—the daily list averaging 20. The hardiest sailors were unable to withstand exposure to the evening dew, suffering in almost every instance from colds and rheumatisms. During the three above-named months, there were 27 cases of diarrhœa and dysentery. Some of these, as well as many slight cases which did not come under the special cognizance of the surgeon, are to be referred to the use of the water of the residency. Furunculi were very prevalent and sometimes very severe. A case of deep-seated abscess of the posterior hypochondriac region was greatly aggravated, and eventually transferred to the lungs. Two cases of chronic bronchitis were also greatly aggravated, and two cases of phthisis pulmonalis developed, one of which was ushered in by hæmoptysis. Several times a week fresh beef and vegetables, and occasionally fruit, were supplied to the crew. The bullocks were in good condition, but from some cause the meat was not juicy. The vegetables were found to be greatly deficient in saccharine matter. Two officers returned to

the United States invalided; two of the crew were also condemned by medical survey, and sent home.

During the month of June a general order was issued to the crew to supply themselves with flannel shirts or monkey jackets fitting the body loosely, to be worn over or in lieu of the usual linen frock. A belt of the same material was directed to be worn around the loins. The Commissariat judiciously procured flannel of a substantial fabric, resembling pilot cloth, which was furnished to the crew for this purpose. This regulation was not fully carried into effect until our departure from Cape Town, on the 31st of July. The men were thenceforward directed to muster clad according to the order. This excellent plan had been previously adopted on board the Boston, with the effect of reducing the sick-list one half. The experiment has now been carried out fully for six months, reducing the sick-list from 56 admissions, the average monthly proportion of the previous nine months, to 33, or nearly one half. In making this estimate, cases of wounds, injuries and bites are excluded.

Leaving Cape Town on the 31st of July, we doubled the Cape of Good Hope, passed through Mozambique channel with light airs and a clear sky, and anchored at Johanna after a passage of 28 days. Forty cases had come under treatment during the month of August.

We remained in port 11 days, and had 23 cases of sickness, of which 11 were diarrhoeas and 9 injuries. The climate of Johanna is delightful. For the last 40 years it has been a favorite resort of ships to procure refreshments and recruit their invalids. The most obstinate cases of scurvy are said to yield, without medicinal treatment, in a surprisingly short space of time. The crew were furnished with fresh beef of excellent quality, and not restricted in the use of fruits. The ship here filled up with some of the best water I ever tasted, which is most conveniently situated for shipping. Our short stay at Johanna had a most excellent effect upon the health of the crew, and no doubt contributed in a great measure to save us from disease while prosecuting our cruise off the unhealthy coast of Sumatra.

Trade winds and currents conspired to give us a speedy and delightful passage to the coast of Sumatra in 23 days. We run for 11 days nearly on a parallel one degree south latitude. During the passage 30 cases were under medical treatment. I regret to mention that the first fatal case occurred in the death of Mr. John C. Richardson, midshipman, of fever. Many of our merchant ships, and our men of war without exception, have suffered from fevers, diarrhoea or dysentery, on the coast of Sumatra. The sick-list of the Potomac frigate, after remaining 12 days at Quallah Battoo, "from 3 had swelled to 57; 52 cases of complaints of the bowels and 12 cases of bilious fever were reported within a month." I am not able to state the precise number of the sick-list of the Columbia. I know that she suffered severely during this and the subsequent portion of her cruise. Our ship's crew were never more healthy than during the time we lay off Quallah Battoo, and our subsequent cruise along the coast, through the Straits of Malacca to Singapore. We remained at Quallah Battoo eight days, and had 7 cases of sickness. Ten additional cases of diarrhoea were admitted within four

days after sailing. The subsequent sickness of the month of October was trifling. Several of the cases of diarrhœa were under treatment 13 days, the others were discharged in a shorter period. Of the 10 persons thus affected, 5 were attached to boats. I am not aware that our escape from sickness is to be attributed to our coming upon the coast in a season especially favorable. We were at Quallah Battoo in October, the Columbia in December, and the Potomac in February. Several other circumstances are to be considered. The Constellation did not engage in any hostile attack on shore, as did the Columbia and Potomac, but the crew were equally exposed to the intense heat in watering the ship. The latter were new ships salted, which, from their attraction for moisture, are proverbially unhealthy. The Potomac and Columbia had long passages previous to visiting the Sumatra coast. We had touched at intermediate ports, and since leaving Rio had not continued at sea more than 28 days. The provisions of the Columbia, the very best which could be obtained at Bombay, were so bad as to be hardly eatable, and of course greatly deficient in nutriment. By judicious arrangements of our Commissariat, our provisions have been of the very best quality: the bread has been preserved from worms and weevil; and short passages have given frequent opportunities of recruiting the crew with fresh provisions and vegetables. The Columbia, on account of the long passage of 80 days from Rio to Muscat, was necessarily on short allowance of water. Our crew have never been put upon allowance at all. And here I cannot but recur again with pleasure to our touching at Johanna, believing, as I do, that the abundant supply of excellent water had an important influence on the health of the ship. The crew of the Constellation have not, therefore, been exposed to the usual debilitating causes, and have in consequence preserved that condition of robust health which is best capable of resisting disease in unhealthy climates.

Some points in the medical police of the ship are worthy of notice. In cleansing the deck, dry holy stones have alone been used. White-wash has hitherto been employed scantily, a departure from the usual routine, which has had, I believe, an important effect in preventing dampness in the lower part of the ship. In order to keep up the action of the surface, in addition to the use of flannel as above mentioned, strict measures have been adopted, at sea and in port, to prevent the practice of sleeping in currents of air. To guard against the deleterious effects of land breezes from marshy grounds, as well as to preserve an equable temperature, the awnings were tented at night, and the ports shut in close. The variation of temperature during the night was thus obviated. The mean of the temperature during the night on the gun-deck at Singapore, has been 82 degrees Fah.

During the year ending October, 1841, 727 cases have been admitted to the sick-list, proportioned among the different grades as follows:—Officers, 116; petty officers, 58; seamen, 221; ordinary seamen, 146; landsmen, 88; boys, 37; marines, 63. 275 persons, or about three fourths of the crew, have been sick—the proportion among the different grades being as follows:—All the officers; four fifths of the ordinary

seamen ; two thirds of the seamen, petty officers and boys ; three fifths of the landsmen ; nine tenths of the marines.

It will be observed that the ordinary seamen and marines present a larger proportion of sick than any other class. The ordinary seamen are generally detailed for boat duty, and have been exposed more frequently to wet clothes. Some circumstances rendered the duties of the marines at one time unusually arduous. By the reduced schedule, recently adopted, but 21 privates were allowed this frigate, which has been found altogether insufficient to meet the usual demands upon the guard without taxing them beyond their physical endurance. I am informed by the marine officer, that while at Rio the attempt was made to keep up the number of posts usually deemed indispensable, and the quarter-deck parade. The consequence was, that from January 25th to February 6th, while the experiment was pending in the harbor of Rio, the number of marines upon the list was constantly increasing, varying from 2 to 6—imposing the duties of the seven posts upon the 14 (more or less), who remained well. It was found necessary, therefore, to reduce the number of posts from 7 to 4, withdrawing all sentinels from the spar deck, and dispensing with the quarter-deck parade, the officer of the deck having a standing order to apologize to visitors entitled to a guard for this omission in their reception.

The diseases affecting the crew have been as follows:—Abscess, 7 ; asthma, 5 ; anasarca, 1 ; bunion, 1 ; catarrhs and colds, 153 ; constipation, 21 ; colic, 8 ; caries of jaw, 1 ; cutaneous diseases, 10 ; cholera morbus, 1 ; dentalgia, 3 ; mania a potu, 1 ; dyspepsia, 2 ; diarrhœa, 115 ; dysentery, 13 ; debility, 1 ; epilepsy, 4 ; ear, ulcer of, 2 ; erysipelas, 2 ; fever, remittent, 2 ; do., intermittent, 12 ; fistula in ano, 1 ; furunculi, 28 ; fracture of leg, 1 ; gastric irritation, 16 ; heart, disease of, 1 ; hernia, 4 ; headache and neuralgia, 29 ; hæmorrhoids, 8 ; hæmoptysis, 1 ; inflammation of brain, 1 ; do. bladder, 2 ; do. chest, 9 ; do. conjunctiva, 6 ; do. cornea, 1 ; do. face, 3 ; do. kidney, 1 ; injuries and wounds, 105 ; lumbago, 1 ; neuralgia of scalp, 1 ; nodes, 1 ; otalgia, 2 ; parotitis, 21 ; pain, rheumatic, of chest and side, 30 ; phthisis pulmonalis, 1 ; rheumatism, 62 ; retention of urine, 3 ; stricture of urethra, 3 ; sciatica, 1 ; tonsillitis, 1 ; varicose veins, 1 ; venereal of all kinds, 6 ; ulcers, 7 ; whitlow, 2.

Colds, diarrhœas and dysenteries, rheumatisms and injuries, constitute nearly two thirds of this number. As has been before remarked, the colds have been very obstinate ; the diarrhœas have generally occurred in port, many of them being a simple and salutary purging incident to a change from salt provisions to fresh beef, fruit and vegetables. There have been but two cases of acute rheumatism with fever ; nor any serious injuries or wounds. One case of fever proved fatal, as did eventually a case of abscess of lungs.

Nearly three months have elapsed since the time included within the above details, during the greater part of which we have been lying in the harbor of Singapore. From the time of our arrival the sick-list continued to decrease, until but 5 were reported daily. Forty-eight hours liberty on shore was then granted the crew, in several detachments, with

the effect of swelling the sick-list to an average of 16 daily, the bulk of the diseases being attributed to intemperance and other excesses committed while on shore.

The statistics of our consort, the *Boston*, show the same exemption from sickness, and substantially the same diseases, as our own.

U. S. Ship Constellation, Singapore
Roads, Jan. 18th, 1842.

J. H. WRIGHT,
Ass't. Surg. U. S. Navy.

OBSERVATIONS ON INFLUENZA.

[THE following communication from a venerable and respected correspondent was received a year ago. It was mislaid at the time and forgotten—and having recently again come to light, we give it an insertion, with an expression of regret at the occurrence of such apparent neglect.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is now twenty-six years since my inquiry or treatise on the winter epidemic, viz., influenza, spotted fever, &c., was published; and eighteen years since my remarks on the autumnal epidemics, viz., bilious fever, dysentery, &c., were published. I have thought that some further remarks on these diseases might, at this time, be useful; more particularly as many appearances described in those publications were not at that time well understood, or but little known or attended to, viz., congestion in the veins and sinuses of the brain; deposition of lymph on its membranes, and effusion of blood and serum in different parts of this organ, &c.; spots and eruptions in the serous membrane, as well as on the skin externally; excoriation and sloughing of the mucous membrane of the mouth, stomach, lungs, &c.; consolidation or hepatization of the lungs, &c.; inflammation of the mucous membrane, and a minute sloughing of that membrane in the mouth, stomach, bowels, lungs, &c.; sinking fits; ulceration of the mucous membrane of the stomach and bowels, the ulcers occasionally affecting most of the coats of the bowels; hæmorrhage from the bowels, &c.; inflammation of the serous membrane, and of the abdominal muscles, the abdomen tense, and the bowels drawn in towards the back, &c.

Influenza has prevailed in North America in A. D. 1733, 1737, 1747, 1757, 1761, 1772, 1781, 1789, 1790, 1807, 1815, 1822, 1831, 1837, 1841. In all the above years, as far as I have been able to ascertain, the weather has been remarkably variable. (See Inquiry into the nature and treatment of Spotted Fever, page 46—60.) The two last months of 1840, and the four last of 1841, have been variable; the atmosphere has been unusually damp, the winter warm, and the spring unusually cold and backward. The number of fair days to the present time (April 30, 1841), is 91; and the number of foul days, viz., cloudy, rainy and snowy, is 90; the number of dry days, 91; the number of wet days, 54. The average number of foul days for these months, viz., cloudy, rainy and snowy, from a calculation for 11 years, is 67; the number of wet days, 48; the number of cloudy days, 19; and the number of dry

days, 114. So there is a deficiency of fair weather of 23 days, and an excess of foul weather of 23 days. The changes of temperature, though considerable, have not been so remarkable. In November there was a variation of temperature in 24 hours of 30 degrees; in December, of 29; in January, of 40; in February, of 43; in March, of 40; and in April of 35. The average variation of temperature for these months, as taken from the table above mentioned, for November, is 23; December, 23; January, 35; February, 35; March, 36; April, 34. So there is an excess in the variation of temperature, in November, of 7; in December, of 6; in January, of 5; in February, of 8; in March, of 4; and in April, of 1 degree. But what, together with the excess of wet and moisture, has greatly increased the effect of the changes of temperature, is the prevalence of the north-easterly wind—and a corresponding deficiency of the north-westerly wind. In November the wind was from the N. West 13 days, and N. East 13 days; in December, N. West 14 days, and N. East 6 days; in January, N. West 10 days, and N. East 10 days; in February, N. West 11 days, and N. East 9 days; in March, N. West 11 days, and N. East 11 days; and in April, N. West 7 days, and N. East 11 days. As will appear from the above statement, the wind was from the N. West but 66 days for six months, and from the N. East 60; while the average number of days in which the wind is from the N. West during these months is 92, and the average number in which it is from the N. East is but 19.

Dr. Henry Holland, in his medical remarks on the weather, makes many useful observations.—(See Holland's Notes on Influenza, page 118, line 16.) "It is a disease which has appeared and spread at different seasons, in the middle of summer as well as in the depth of winter, which has been found to traverse whole continents, continuing this course through many successive months, which affects contiguous places in different degrees at different times, which frequently continues in the same place for several weeks or months, under every appreciable variety of atmospheric state."

If we consider influenza to depend on atmospheric changes, such as great sudden and frequent changes of temperature, heavy rains, dense fogs, the electrical state of the air, sudden fluctuations as respects the pressure of the air, &c., hazy and damp weather, &c., why may it not prevail in summer or autumn, just as likely as in winter? The system has a power inherent to resist changes of temperature and other hurtful causes to a certain degree, which is sometimes more and at other times less; consequently a single change of temperature does not often debilitate the capillary system so far as to produce serious disease; but in general it requires a series of changes to reduce the inherent energy of the capillary system, and thereby prepare the population of a place for an epidemic. Though influenza is more uniform in its operation than most other diseases, and often spreads more rapidly, yet all inquiry into the subject shows that places in the same vicinity vary considerably in temperature; which may be occasioned by their greater or less elevation, on their having a northern or southern declivity, or being more or less exposed to a strong current of air, fog; or having a dry soil, or a

soil that is moist and steaming. The system, when reduced and enervated, does not immediately recover its tone; consequently a disease may continue under the operation of a cause less powerful than the one which produced it; yet in certain circumstances, after a long time, the system becomes acclimated, or acquires a power of resisting certain hurtful causes which it did not before possess.—(See Holland's Remarks, page 121, line 4.) "Recurring to a former period of influenza which spread over England in 1782, during April and May; had been noticed in the East Indies during 1781; had prevailed in Russia from December to February; and did not reach Italy and Spain till the autumn of 1782. It is impossible to look fairly at these circumstances and not see that the known conditions of the atmosphere, as we estimate them by our instruments, are inadequate to their explanation. Perhaps the more than common prevalence of easterly winds, with a hazy atmosphere, and dense fogs, during the season of these epidemics, are the facts most favorable to the hypothesis in question. The latter circumstance has been noticed at many different periods of their occurrence; and though correct observations are much wanting, something may be assigned to the electrical state of the air, manifestly disturbed during some of these periods of their occurrence; and possibly becoming in this disturbance the cause of the phenomena just noticed. Still these causes are too partial, and too often occurring without like concomitant effects, to justify the belief that they act as direct causes of the disease. The most summary statement of the argument, then, is this—that obvious conditions of the weather being the same in a certain number of places, the disease appears in them at very different times, or in some not at all; and, secondly, that it occurs in various places, or in different years at the same place, under states of season and weather wholly opposite to each other."

Great and long-continued changes of temperature do most usually ultimately pervade a whole continent, but not in the same degree; yet their operation is by no means equal, especially over a large extent of continent, as Europe, divided by seas, mountains, &c. Even places in the same vicinity are very unequally affected by the same change of temperature, as may be observed after our early frosts. One field of corn may at such times be killed, and another shall remain perfectly green and growing; or even in the same field a part may be killed, and a part not at all injured. Likewise we know that storms, fogs, &c., operate very unequally. Epidemics have usually spread from North to South; and that Russia and England should suffer an attack from influenza some months before Spain and Italy, is just what we should suppose, provided that the changes of temperature, &c., were the cause. Russia and England being cold and in general damp countries, abounding with swamps, fens, marshes, stagnant waters, &c., the constitution would be sooner reduced, and the capillary system sooner enervated, than in the warm, dry, and airy country of Spain. Besides, the sea and mountains of Spain must tend to ameliorate its climate. The country is of course airy, the soil dry, its climate warm. Influenza may occur in warm or cold, wet or dry weather; but a continuation of the same kind of weather is most usually healthy. Our author doubts whether

vomiting, which often happens to persons when they ascend high mountains, is to be attributed to the height to which they have ascended, the diminished pressure of the air, &c., but rather to the fatigue which they have suffered in ascending, &c. In confirmation of which he mentions a Mr. Green, who, he says, is a bold aeronaut, 'having ascended in balloons with more than 400 persons. He mentioned to me expressly,' says Dr. Holland, "that in no instance have his companions experienced vertigo or sickness; thus rendering doubtful one of the statements current on this subject, viz., vomiting, and showing how little the two great functions of circulation and respiration are affected under circumstances where such effect might be anticipated. Or if we need explanation of that singular sense of fatigue in the limbs which is alleged to occur when walking in elevated regions, even without the toil of ascent, we may perhaps find it in a suggestion of Humboldt; he conjectures that this sensation may depend on the mechanism of the joints and equipoise of the bones being disturbed by the low atmospheric pressure. The above has been confirmed by experiments made on the hip-joint, after the two bones had been detached by cutting the capsular membrane through, which show that the pressure of the air will retain the head of the thigh bone firmly in its socket, from which it sinks down when the air is artificially rarefied beneath."

So Dr. Holland infers that the vomiting, &c., to which those who ascend high mountains are subject, is not caused by any alteration in their relative situation as regards the pressure of the air, &c., but is to be attributed to the fatigue which they have undergone in ascending. But is vomiting a common occurrence as a consequence of fatigue? The ascent of high mountains and the ascent in balloons, are they parallel cases? In the ascent of a mountain, if its altitude is five miles, the atmospheric pressure will be greatly diminished—say two thirds or nearly; while the attraction of gravitation will be about the same as in any other place on the surface of the earth. In the balloon, the person, we will suppose, is distant from the surface of the earth five miles; on the mountain, he is in immediate contact with the earth. So the cases are dissimilar in one very material circumstance. In the balloon the atmospheric pressure and attraction of gravitation are in equilibrio, or very nearly so; so that there is nothing very materially to disturb the two great functions of circulation and respiration. But on the mountain, the balance between the atmospheric pressure and the attraction of gravitation is materially disturbed—the latter overpowering the former. The pressure of fluids is said to be equal in all directions; consequently, as the limb is drawn from the socket when the atmospheric pressure is greatly diminished, the attraction of gravitation remaining the same or nearly so, we infer that when the balance between these powers, viz. the attraction of gravitation and atmospheric pressure, is greatly disturbed, the blood will be powerfully attracted towards the lower extremities; consequently there will be a deficiency of blood in the brain, and congestion in the lower extremities. The pressure of the air being diminished, there will be distention of the surface of the body, and particularly of the lower extremities; hence their unwieldy, debilitated state; at

the same time there being a deficiency of blood in the brain, dizziness, vomiting, &c., will occur. As, for example, when we have long held the head down, there will be a fulness of blood in the vessels of the head; but if we rise suddenly, there will be a relative deficiency of blood in the head; of consequence we become dizzy, faint, &c., and may vomit.

How far the fluctuations of atmospheric pressure may add to the causes which have been named in the production of disease, it is at this time difficult to say; but after long observation, I have ever thought that the people who live in vallies are not affected so much by the changes of temperature as we should be inclined to believe they would be. These changes in such places are generally greater than on the hills and mountains; but not always so. May not strong atmospheric pressure on the surface of the body and in the lungs, prevent a diminution of temperature, and thereby arrest disease? and the reverse? Doubtless influenza may be considered as a species of catarrh; and who doubts that exposure to wet, cold, &c. will produce catarrh? Yet the idea of contagion, a poisoned atmosphere, &c., has greatly perplexed the study of epidemics. How much poison there may be in the air, or how much contagion, I cannot say. It is an important rule in every reasoning process, to assign no more causes for any result than are sufficient for a clear explanation; and where a variety of causes may exist, it would seem that those most apparent and consistent should be preferred.

[To be continued.]

Franklin, N. H.

JOB WILSON.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 22, 1842.

ORGANIC CHEMISTRY AND PHYSIOLOGY.

By letters from England we understand that the new work of Professor Liebig on Organic Chemistry and Physiology, the appearance of which is looked for with great interest, had not been published so late as the 14th of May. The work has been translated by Professor Gregory, the intimate friend of the author, and under whose care it is printing in England. In a recent letter to Professor Webster, who has been requested by the author to superintend the publication in this country, Dr. Gregory expresses himself as follows:—"In my opinion, this work will mark the commencement of a new era in physiology. In translating it, I have experienced the highest admiration of the profound sagacity which has enabled Liebig to erect so very beautiful a structure on the foundation of facts, which others had allowed to remain for so long utterly useless, and of the logical structure and extreme cogency of his arguments. There is hardly a point in physiology accessible to chemistry (I mean, of course, those on which experiments have been actually made) on which he has not, by the mere force of his intellect, thrown the

brightest light. In short, we now feel that physiology has entered on the true path, and the results, before long, will, I prophesy, be altogether astonishing."

The delay in the publication has been caused by new experiments, the results of which the author is desirous of having introduced, and the necessity of cancelling several pages which the later researches of Liebig have rendered necessary. The American edition, edited by Professor Webster, will comprise all the corrections and additions, which are most important, from Professor Liebig's letters, and those of Dr. Gregory, and will appear simultaneously with the English edition.

Third Book of Natural History.—Messrs. Turner & Fisher, of Philadelphia, are publishing a series of small books on natural history, expressly prepared for the use of schools and colleges. Foreign as they are from the ordinary topics of consideration with us in this Journal, they are the production of a professional gentleman, with whom we have the pleasure of a limited acquaintance, W. S. W. Ruschenberger, M.D., a surgeon of the U. S. Navy; and no apology, therefore, is deemed necessary for speaking of the enterprise, since the labors of medical men, in any useful department of human knowledge, come fairly within the scope of our consideration.

Without intending to undervalue the third book, *on ornithology*, the last issued, we cannot view it as being equal to those which have preceded it. There is too much technology—too many hard words for the common school, at the expense of those facts illustrative of the habits and instincts of birds, which would deeply interest, instruct and enlarge the active mind of a child. On the other hand, it is vastly below what it should be for a class of collegiate students. For children it should have been more simple; and for undergraduates, more copious and elevated. Not being precisely adapted to the condition of either, it is to be feared that the book will have no permanent hold upon the public.

But it should perhaps be borne in recollection, that Dr. Ruschenberger has put into English the text of Milne Edwards and Achille Comte, from the French, and therefore it is essentially a translation, and not an original effort. Had Dr. Ruschenberger struck out a course for himself, without any regard to those authors, we apprehend that he would have very much excelled them. In no country have simple school books been more admirably devised than in the United States. This, we believe, is acknowledged in England. There is a native tact here that is exceedingly admired. In teaching the elements of science, *things* should be taught instead of *terms*. It is one of the mistakes of the age, which time and experience will ultimately correct, to make these juvenile treatises too learned for those for whom they are especially designed—learned, if long Greek and Latin names, unconnected with ideas, constitute learning.

Viewing with increased satisfaction the progress of this particular class of authors, who write for youth, we speak freely of their mistakes, not to discourage any one, but merely to intimate the importance of exerting themselves to impart ideas in the simplest systematic manner. Dr. Ruschenberger has a fine field before him, which no one can contemplate without wishing him success, equal to his scientific and literary merits.

Anatomist's Vade Mecum.—Anatomical students will be gratified to learn that a book so exceedingly valuable to them, is shortly to appear, with over one hundred and fifty illustrations, with notes by an American editor. Erasmus Wilson, the author, is without a competitor in elementary anatomy. When all Mr. Robert Drutt's unrivalled professional guides are re-published in the United States, which are loudly called for, we shall be in possession of some of the best treatises that have been published in England.

Tying the Spermatic Artery.—Dr. Winslow Lewis, of this city, tied the spermatic artery on the left side, the other day, with a hope that it might prevent nocturnal emissions in a young man who was almost driven to insanity by their frequency and copiousness. It should be remembered that the foundation of the evil for which the operation may possibly be a remedy, was laid by the habit of excessive masturbation, commenced in early life. The patient had previously attempted to secure the artery himself. At one time he thought of being emasculated; but because he entertained an idea that strength and vigor of intellect depended upon the re-absorption and diffusion of the seminal fluid in the brain, he concluded to try some other scheme to save the organs. Suffice it to say, thus far, since the ligature was placed upon the spermatic artery, there has been no return of the emissions. Dr. Lewis promises to furnish the subsequent history of the case.

It is well known, in respect to overcoming seminal debility induced by long-continued self-pollution, that physicians have always found it an extremely difficult affair to restore the patient to sound health. We had an interview with a young gentleman, within a few months, who, we ascertained to our own satisfaction, was suffering from the effects of this habit, and who had consulted a host of medical gentlemen, had taken a variety of preparations, visited springs hither and thither, and all without any benefit whatever. Those who are in his condition will doubtless watch with considerable interest the result of tying the spermatic artery.

Private Medical Instruction at Hanover, N. H.—On account of the increased number of private pupils, the Faculty of Medicine at Dartmouth College have concluded to give a systematic course of instruction. To meet the circumstances of those who may not find it convenient to remain two full years, which would be desirable, students are received for the limited period of three months. Hanover is a delightful town, in which are found all the advantages to be derived from cultivated society, and the instruction of men distinguished for their intellectual, literary and scientific attainments. A city student would enjoy a residence there of three months through the approaching heat of summer. He would certainly have books also, with daily recitations, &c., while breathing an uncontaminated atmosphere, which is something more than he is sure of in town through July and August.

Castleton Medical College.—At a meeting of the students of Castleton Medical College, held on the 3d inst., Mr. Z. W. Joslin, of New York, was called to the chair, and Mr. Alfred Rice, of New York, appointed Secretary. The object of the meeting having been stated, it was Re-

solved that the chairman appoint a committee of seven to draft such resolutions as, in their opinion, best express the sentiments of the class in relation to the present condition and future prospects of the Institution. Whereupon the following gentlemen were appointed, viz.: Messrs. H. G. Darling, of Massachusetts; D. E. Page, of Vermont; Charles Warren, of N. Hampshire; E. D. Hall, of Vermont; B. Babcock, M. D., of New York; Lucius Hannahs, of New York, and G. F. Newell, of L. Canada.

On the sixth instant the committee reported as follows:

Resolved, That in view of the recent condition of this College, a sense of gratitude, as well as of justice, impels us to give the public a statement of its present condition and future prospects. The public are already aware that the Castleton Medical College, late the Vermont Academy of Medicine, was reorganized last spring by the election of able men to fill the respective chairs. In discharge of their duty, the officers of the Institution made a general announcement of the facilities they should be enabled to afford students, in the prosecution of their studies. That announcement is before the public, and its reception may be known from the fact, that notwithstanding the adverse circumstances under which they commenced, the present class number about 70 students, many of whom have attended lectures at other schools, and all of whom honestly declare, that instead of being deceived by the announcement, their anticipations have been more than realized.

We feel authorized in saying, that the advantages for acquiring knowledge of medical science in this College, are unsurpassed by any in the country, and that from our personal acquaintance with the faculty, and the permanency given to the institution by the residence here of three of the professors, and by the purchase for the College of the extensive museum of the professor of anatomy, the public may rely upon every pledge given in the circular being faithfully redeemed.

The class being aware that the impression that a modification of Brunonianism *has been* taught here in theory and practice, is somewhat prevalent among medical men, are happy to assure them, that such is not ~~now~~ the case, as the well known pathological views of the professor in that department afford a sure guarantee. We deem it unnecessary to enumerate the numerous advantages presented by this College to the student, inasmuch as these advantages are stated in the Circular; and feeling confident that a plain unvarnished statement of facts coming from persons disinterested, cannot fail to influence those in pursuit of medical knowledge. The report was unanimously accepted, and it was

Resolved, That the faculty be requested to publish this statement in their annual circular, and make such other disposition of it as they may deem proper.

Medical Appointments in the Navy.—The following-named gentlemen have been examined and found qualified to discharge the duties of Assistant Surgeons in the Navy, and classed according to their relative merits, as follows:—No. 1. William S. Bishop, of Pennsylvania. 2. Samuel M. Edgar, of Tennessee. 3. Joseph Wilson, jr., of Pennsylvania. 4. Charles Eversfield, of Maryland. 5. Elisha K. Kane, of Pennsylvania. 6. Edward Hudson, of Pennsylvania. 7. Richard McSherry, of Maryland. 8. William Pitt Canning, of Massachusetts. 9. Ephraim J. Bee, of New Jersey. 10. Joseph L. Burt, of Ohio. 11. John T. Bartow, of Georgia. 12. Alfred C. Holt, of Georgia. 13. James Hamilton, of Maryland. 14. Charles Henry Oakley, of New York. 15. Reuben N. Baer, of Pennsylvania.

Medical Miscellany.—In Kentucky, there are thirteen Revolutionary pensioners between the ages of 100 and 109!—Thomson's New Guide to Health—a new work on the lobelia system—costs \$12 per copy! The friends of the practice pay well for all they get out of Thomsonian writings.—Dr. David P. Holton is lecturing in New York on physiology and natural theology.—Mr. Phelps's truss meets with good success, many medical gentlemen in New York giving a preference to it.—A circular of the New Hampshire Medical Institution at Dartmouth College, for the present year, is published. This has been a highly respectable school of medicine from the commencement, under the late celebrated Dr. Smith.—A large number and variety of surgical instruments, of German manufacture, it is presumed, were offered at auction in Boston last week. The sale was not very brisk. This was rather a novel sort of sale.—Small-pox and varioloid are still existing and causing considerable alarm at New Orleans.—Two medical students are represented to have been connected with the disgraceful riot at Bowdoin College, a while since.—Dr. Alexander Jones has brought to this country, from Europe, a curious machine for engraving, called an *omnigraph*, which is said to accomplish, in a given time, the work of ten hands.

MARRIED.—In Boston, Dr. C. C. Holmes, of Milton, to Miss Elizabeth Mary Rich, daughter of Benjamin Rich, Esq.—In New York, on the 2d inst., at the Astor House, Leland Miller, M.D., to Miss Mary Sigourney Towne, both of Providence, R. I.—At Southwick, Mass., Oliver W. Kellogg, M.D., to Miss E. S. Fletcher.

DIED.—At Milton, Dr. Amos Holbrook, in the 89th year of his age.—At Amherst, Mass. Dr. O. Potter, 82.

Number of deaths in Boston for the week ending June 18, 36.—Males, 20; Females, 16. Stillborn, 3. Of consumption, 4—typhus fever, 1—rheumatic fever, 1—erysipelas, 1—inflammation of the larynx, 1—infantile, 1—scarlet fever, 7—insane, 1—lung fever, 2—croup, 2—inflammation of the lungs, 1—dropsy on the brain, 1—disease of the heart, 1—dropsy, 1—child-bed, 1—worm fever, 1—dropsy on the chest, 1—disease of the brain, 1—measles, 2—old age, 1—hooping cough, 1.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

The next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

Moses A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN E. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18.

Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously. H. H. CHILDS,

Pittsfield, May, 1842.

Je 22—A

President.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

The annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by
Materia Medica, Medical Jurisprudence and Medical Botany, by
Chemistry and Pharmacy, by
Theory and Practice of Physic, and Pathological Anatomy, by
Anatomy and Physiology, by

DIXIE CROSBY, M.D.
EDWARD E. PHELPS, M.D.
OLIVER P. HUBBARD, M.D.
JOSEPH ROBY, M.D.
EDMUND R. FEARLER, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-3 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 8 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporters, and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to

A. F. BARTLETT,

No. 8 Winter, corner of Washington St., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—copied.

GEORGE W. OTIS, JR.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pliers, Drills, Files; Cutting, Splitting and Puncturing Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TRUTH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, \$4.00—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

A. D.

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Barlow, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Haverstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Bowcoven; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch Jr., Providence, R. I.

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

HENRY G. CLARK, M.D.,

May 19, 1842.

My 25—

No. 204 Hanover street, Boston.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—

D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JUNE 29, 1842.

No. 21.

SCARLET FEVER—CASES AND REMARKS.

BY DANIEL GILBERT, M.D., FELLOW OF THE NEW HAMPSHIRE AND VERMONT MEDICAL SOCIETIES.

[Communicated for the Boston Medical and Surgical Journal.]

SCARLET FEVER has been at times, for the last twelve years, very prevalent in the region where I have resided, viz., Brattleboro', Vt., some seasons affecting every family in certain districts. I have known fifty cases in a single school district at a time. The affection commenced in the usual form of scarlet fever, with a slight soreness of the throat. In some instances the attack was exceedingly sudden. In a great majority of cases, there was vomiting at the commencement. There was an immediate deficiency of function discovered—rather a contracted, cold, pale lividness. The circulations lost their energy; muscular motion was in many instances attended with distress, feeble and tremulous; the features were very much altered, and the intellect wavering. Soon the instinctive forces of nature became excited to action, and the phenomena of vitality advanced in a rapid degree. The condition became a new and unnatural one; it was a morbid state. It was quite evident that whatever scarlet fever was, it was something that impressed the throat, skin, and vital organs, so as to alter for a time their functions, and increase their organic sensibility. The result of this increased force was ultimately to lessen their vitality, and the degree to which the vital forces became depressed was in proportion to their previous elevated state. It was observed, also, that in those whose nervous forces were most largely developed by nature, this elevated state advanced with the greatest rapidity, most suddenly exhausted the vitality, and induced an alarming assemblage of phenomena. In all the cases that came under my observation, the recuperative forces of the system rallied once; then arose an elevated train of morbid phenomena that marked well its character, which if not controlled, prostrated rapidly.

This rally was the most important period of the whole affection, and the proper stage of treatment; it was, also, the very time when there was sometimes an essential error committed in treatment, that no after period could reclaim. It was in this first rally of the vital forces, that the impression was to be made, to modify and control the affection. It was only at this stage of excitation that disasters could with certainty be averted. The first hours of this first rally were the most fearful and precious moments during the whole morbid phenomena. It was the pe-

riod of responsibility, the time to judge of its type, to change it from severe to mild.

It was observed that after the rally of the vital forces, the tendency of the system was onwards to an elevated state, until it had had its stage of excitation; consequently there was no danger in making a decided impression upon the system by bloodletting at this particular stage! It was a prompt and powerful agent to arrest this elevated state of excitation. The effect of sufficient bloodletting at this stage was truly wonderful. It had the desired effect to subdue the morbid action, in such a manner as to completely modify and control the affection, and effectually prevent the prostration of the vital forces that necessarily ensues after excessive action. Cases of the most threatening aspect would in a short time, after sufficient bloodletting, assume the mildest form, and require no other medicine but a slight impression of belladonna to keep down the irritability of the system, an occasional purgative of *ol. ricini*, rest, and a liquid, farinaceous diet.

I have remarked that the fortunate moment to modify this affection, was before the vital forces had become too much exhausted by the morbid action. The following cases will show the feeble, vacillating state of the vital movements, at the commencement of the affection, whilst there was a great weight of morbid impression; and the relief manifest upon the treatment.

March 9th, 1830.—A. D., 28 months old, went to bed in perfect health. In the course of the night was suddenly attacked with furious delirium and vomiting. I was called six hours from the first attack. There was still vomiting, considerable swelling about the throat externally. The period of excitation had evidently commenced; great heat about the head, &c.; extremities cold; countenance dusky; lips livid; pulse very quick and feeble; complete insensibility to surrounding objects; eyes red, and pupils contracted; whole body agitated and tremulous. I divided the artery behind the ear, and took $\frac{3}{4}$ ix. of blood. Patient pale all over the body; all tremulous motion ceased; vitality at a low state; respiration easy; pulse hardly felt. Soon re-action; appearance much improved. I gave $\frac{3}{4}$ i. *ol. ric.* In six hours I called again. Purgative had operated; appearance very much improved; bright efflorescence all over the body, and upper extremities; lower extremities remain shrivelled and cold. Grs. ii. of ext. belladonna were put into $\frac{3}{4}$ iv. of water, and gttss. viij. were given every two hours. Allow tea, and cold water if patient calls for it. Keep child in bed tightly covered, and perfectly at rest.

2d day.—All appearances favorable. Continue same; allow rice water; give $\frac{3}{4}$ i. *ol. ric.*

3d day.—One dejection; appearance favorable; bright efflorescence to toes' ends; efflorescence in face nearly gone; swelling about throat almost gone. Repeat same.

4th day.—Very much relieved; one dejection; face much less flushed; swelling about throat all gone; heat all over body much abated. Repeat same.

5th day.—Decidedly convalescent. Omit visits. Child to be kept quiet. Restricted for ten or twelve days to liquid farinaceous diet.

March 10th, 1830.—S. H., 8 years old, attacked suddenly, while at play, with vomiting; sore throat; soon became restless; grew sleepy, with frequent tossing and moving of body; muscular motion attended with suffering; complains of soreness when moved; fell into a stupor from which he could not be roused. I was called ten hours after attack. Eyes red; pupils contracted; throat considerably swollen externally; lips livid; great heat about head; body and lower extremities quite cold; whole body agitated at every inspiration; pulse 140. The stage of excitation had evidently commenced, although there was a great embarrassment of function. I divided the artery behind the ear, and took $\frac{3}{4}$ x. of blood; universal paleness. Soon re-action took place, and the child awoke as from a sleep. Gave $\frac{3}{4}$ ij. ol. ric.; 10 drops belladonna preparation; allow tea, and cold water as much as patient calls for; keep patient in bed tightly covered, free from all excitement.

2d day.—Since yesterday had three dejections; patient sleeps, and wakes rational; complains of throat a good deal; is rather restless; says head aches some; eyes red; pupils contracted; bright efflorescence all over the body; heat 108 degrees Fahr.; extremities, below the knees, cold. Repeat ol. ric.; same treatment; allow rice water; sponge surface with cold water frequently.

3d day.—Had four dejections since yesterday; very much relieved; face not so red; eyes more natural; does not complain of swallowing; swelling about throat less; bright efflorescence to the toes' ends. Repeat same; allow rice water.

4th day.—Appearance favorable; swelling about throat entirely gone. Repeat same.

5th day.—Appearance favorable. Repeat same.

6th day.—Decidedly convalescent. Continue belladonna; allow liquid, farinaceous diet; keep patient in bed most of time during convalescence, free from playthings and exercise.

From the 28th of December, 1829, to the 9th of March, 1830, I observed and treated upon this principle 193 cases of well-defined scarlet fever; 39 of these were over 20 years old, 19 under 20 and over 15. The remainder were under 15. Of this number, 88 were considered mild, and 105 severe in their early stage. Two of the whole number were fatal; one on the third day, 8 years old—the other on the fourth day, 2 years old.

From the 9th of March, 1830, to the 28th of December, 1830, I observed and treated, upon the same principles, 355 cases; 40 over 20 years old, 75 over 15 and under 20. Of this number 20 were mild, and 154 were considered severe in their first stage. Five of this number were fatal; 3 on the third day, and 2 on the fifth; 82 of the whole number had severe cerebral symptoms at the commencement; 56 had the throat considerably swollen externally at the commencement, and 8 came to suppuration; 3 had discharges at the ear that continued for some time, but finally entirely recovered without any application. In none that came under treatment at the early stage, was there ulceration or sloughing in the

throat or mouth. Secondary affections were rare, and when they did happen I have always thought that I could clearly trace them to bad management in diet or over excitement, in some way. I have never had a case of dropsy of the brain, or chest; anasarca of the lower extremities has happened in several instances. In one or two instances, when I could not control the treatment so as to prevent stimulation, there has been serious results, such as dropsy of the chest, brain, &c.

During this period I have been frequently called in advice, where a different course of treatment had been pursued, more of a stimulating nature, and I have witnessed results that have given me pain, such as are frequently spoken of by writers on scarlet fever; but all these writers, I believe, advocate the stimulating principles—such as giving ether, liquid acetate of ammonia; creosote, in mucilage, poured into the mouth; warm bathing; emetico-cathartic, of which calomel is a component part; infusions of serpentaria, and various other stimulants, changing them from one to the other; injections of brandy and laudanum, frequently repeated; giving wine, brandy, broth, &c. See an article by E. Hale, Jr., M.D., on scarlet fever, in the *New England Quarterly Journal of Medicine and Surgery*, No. 1. It appears to me that such a course of treatment in scarlet fever, as that spoken of, is as objectionable as the old method in surgery of treating compound fractures, where the principle was to promote sloughing, and assist nature to ulceration—which surgeons of the present day have laid aside, and have adopted a different course, viz., to prevent sloughing and ulceration. Instead, therefore, of applying poultices, and warm bathing, surgeons now apply cold water and make use of bloodletting, and consider them powerful agents. The results of this different course of practice, in surgery, are striking; but not more so than the treatment I observed in scarlet fever. I have sometimes thought that the practice here objected to was unscientific. It certainly betokens a want of skill, to have gangrene and ulceration take place.

In Vermont scarlet fever was found to run through its first stages of excitation with such rapidity, in severe cases, that it would not do to rely upon the slow operation of medicine to subdue and modify it. It was found, in severe cases, if the excitation was brought promptly and decidedly up by bloodletting in the first stage of the first paroxysm, there would not, during the progress of the affection, a dangerous prostration take place; and if the irritability of the system was kept from advancing by a trifling impression of belladonna, there was nothing more required in the medical line, than an occasional purgative of *ol. ricini*.

Coldness of the lower extremities was a remarkable phenomenon in this affection for the first one or two days, and had a tendency to induce the attendant to commit an error in practice. Most practitioners have observed the anxious solicitude of friends and attendants to warm the feet in this stage. I have thought it had a bad effect to make use of stimulants for this purpose. It was noticed that the affection began above, and spread downwards with great regularity in favorable cases. It was also observed that if the rash appeared all over the body and lower extremities at the same time, when it came to be fully developed

it was a difficult case to manage; because the capillary system, under great excitation, was liable to drain the large bloodvessels of blood so as to induce a fatal collapse in the short space of a single hour. Under such circumstances I have always found washing the whole surface with cold water, during the hot stage, an effectual remedy, if constantly applied after sufficient bloodletting.

I consider it a crime to weaken the confidence of the public in physicians who have cultivated medicine as a science, because they are not generally inclined to administer powerful prescriptions with rash ignorance. This I do not intend; I mean to say that no case of scarlet fever should ever be allowed to advance six hours without the advice of a skilful physician; and I believe it in his power to avert disaster. If I understand the tone of the medical profession generally, any physician is called upon to speak to the general practitioner, at all times, through their medium, in his own language, his views upon any subject, and to give an account of his practice, &c., provided he does it fairly. He has a right to condemn any course of treatment which appears to him to be wrong in principle. By thus speaking what he believes to be the truth, there is no danger of a humble individual destroying the foundation of a rational science.

[To be continued.]

A SINGULAR CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Believing the reports of cases the most valuable portion of your Journal, I send for insertion (as I have seen nothing published in it of like nature) the following somewhat singular case—singular to me, at least, and it may prove so to some others of the many readers of your valuable repository.

Mrs. Olive Huntoon, of tolerable good health, was married March 8th, 1832. Her first and only child was born August, 1833, since which time she has never enjoyed good health. Nothing unusual occurred after her lying-in, until thirteen days had expired, when she was taken with the phlegmasia dolens in her left leg; which, notwithstanding the usual treatment, confined her to her bed for seven weeks, during which time her right limb became similarly affected, which, together with her former difficulties, incapacitated her three months from walking. In November, 1834, she became the subject of pleuritis, from which she was scarcely convalescent when she was seized with the thrush; from which her tongue and fauces suffered, at times, ever afterwards. In the year 1836 she again had the pleurisy, for which her attendant physician abstracted blood from the arm, applied blisters to the side, administered calomel, &c., which gave but little relief. The secretions in general became vitiated and diminished in quantity—and in process of time her lower extremities became considerably anasarious. But, from a long course of treatment perseveringly administered, she had partially recovered from the above difficulties, when she was seized with an excruciating pain in her

head—the pain being mostly located over the right orbit. So great was the intolerance of light, that it was necessary to have it kept wholly excluded from the room. She continued in a similar condition, sometimes a little better and then again worse, until the 28th day of December, 1839, when she was relieved (and this constitutes the singularity of the case) by a sudden gush of apparently clear water from the right nostril (the pain in the head being on that side), which continued to drop as often as every third breath, and sometimes oftener, for twenty-four days. She was then attacked with pneumonitis, and the dropping ceased. But no sooner were the pneumonic difficulties mitigated, than the water commenced dropping as before, and continued to drop in a like manner until her demise, which took place the 17th of April last, in the 39th year of her age. The disease which terminated Mrs. H.'s life was *hydrothorax*. The symptoms were as follows:—Great difficulty of breathing, scarcity of urine, impatience of a horizontal position, extreme sore mouth, subsultus of the tendons, &c. Digitalis, seneca, squills, cyanuret of potassium, with the addition of blisters to the chest, &c., were prescribed, but without benefit; she continued to grow worse until the 14th day after the attack, when death came and relieved her from her sufferings.

Mrs. H. was nearly 37 years old when this dropping at the nose commenced, which continued two years, three months and 21 days. The matter was perfectly transparent, and exhibited no disposition to exco-riate. Astringent medicines snuffed up the nostril had no effect.

I think it probable that there are many cases recorded resembling the above, but the only ones which occur to my recollection, are recorded in the fifth volume of Good's Study of Medicine, under the name of "*Paruria erratica*." It appears from the same author, that this disease has sometimes been described under the name of "*uropiania*," which it seems is nothing more than a Greek compound for "*erratic urine*." However, I believe it is seldom that it has ever been introduced into nosological arrangements. I do not pretend to say whether this discharge from the nose was a secretion compensating for destitution of urine, which was very slight; or a urinous fluid absorbed after its secretion by the renal organs; but I must confess that I have not had sufficient clinical experience to determine the manner in which it arrived at the nasal organs, in so profuse a quantity, to be thrown off by the *schneiderian* membrane. If any of your readers can explain the *modus operandi* of this (to me) remarkable phenomenon, by so doing they will confer a signal favor.

LEVI ALDRICH.

Shrewsbury, Vt., June 7th, 1842.

NEW METHOD OF APPLYING THE LIGATURE FOR PROLAPSUS ANI.

BY E. H. DIXON, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

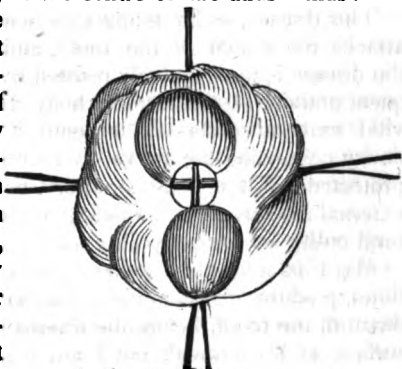
THE verge of the anus in most cases of prolapsus will be found studded with hemorrhoids, and in a state of hypertrophy. A constant nismus is

thus kept up, gradually increasing the thickness and producing permanent eversion of the lower part of the rectum; this mechanically distends the lower fibres of the internal sphincter, and destroys their contractility. As a substitute for this loss, nature increases the action of the upper fibres. This is well known to all who are much used to examining diseases of the rectum. Constriction of the hemorrhoidal veins now adds to the difficulty, and, it is vain to hope for permanent relief, till the patient submits to the removal of the entire disease.

The fact of constriction existing above the disease, and the known tendency to hemorrhage in this part, will generally prompt the prudent surgeon to withhold the knife, and resort to the ligature; but here lies a danger. Very great suffering and serious symptoms often ensue, and severe depletion is necessary, after the ordinary and frequently inefficient method of applying the ligature. Moreover, portions of the disease often escape constriction, and render a second operation necessary. This is productive of great annoyance, both to the surgeon and patient; the latter believing, and the former often too well knowing, that the mortifying necessity was caused by his own carelessness—“*haud inexpertus loquor*,” I can say with great truth, and a keen remembrance of my own failures, as well as those of others. As there are no lessons so serviceable to the surgeon as these mishaps, it may be an act of questionable propriety to detail the method by which such annoyance has been for some time avoided in the many cases that have fallen under my notice. I will, however, briefly communicate my plan.

With the needles for passing the deep-seated sutures, described in Vol. XXV., No. 21, of this Journal; or, if not at hand, a large suture needle with a curve, one third of a circle, two inches in diameter, and a lancet point (for the reader may rely on it no other will penetrate), I pass a very strong, double ligature, *untwisted*, from the circumference of the diseased verge on one side, at least half an inch deep, through the gut, to the other side; then having a similar needle armed in like manner, I pass another intersecting this, at the centre of the anus—thus:—

It is important that the ligature be at least a foot long, in order that the following process may be completed. With a bent probe, or, if you choose, the little finger, draw both the ligatures at their intersection out of the anus, cut them in two and tie them firmly, one from each quarter with its opposite. This, it will be perceived, renders any embarrassment in tying the four quarters of the diseased verge impossible, while it preserves the gut pervious for defecation. Now, take one end of a ligature from each quarter, and ascertain if they are connected by pulling slightly and alternately at each; if so, tie them firmly with all the strength of your two fingers, having them previously well waxed, or they will slip. This process



will strangle, with mathematical certainty and perfect uniformity, every particle of the disease. Much pain may be saved the patient by tying the ligatures with great strength, as that effectually destroys the vitality of the diseased part at once, and prevents the necessity of the successive steps of inflammation, to effect that end in the constricted part. I always evacuate the bowels with senna-tea the day before the operation, then give a good dose of laudanum or morphine, and feed the patient on farinaceous diet during the separation of the diseased part. A pill of belladonna, occasionally introduced into the rectum, well up, greatly alleviates the annoyance. The parts usually separate on the fifth or sixth day. It is quite useless to detail cases, where there has been no essential variation in the above treatment. I have operated on a great number, and rarely have had occasion to resort to venesection or other means than those already mentioned. Since I have adopted this method, the cure in every instance has been perfect, the sphincter resumes its powers, and there is no contraction of the anus left, as nothing but the diseased part has been removed, allowing the sound mucous membrane and integument to approximate.

New York, June, 1842.

OF INTERNAL OR DEEP-SEATED CARIES OF THE TEETH.

INTERNAL caries generally affects the parts between the enamel and lining membrane, but somewhat nearer to the former part of the tooth, on the surface of which it is first observed from its giving the tooth a bluish hue. It becomes more evident by presenting the appearance of a blue mark, and afterwards a brown spot, till it shall have penetrated through the whole external bony structure and enamel, and become a cavity, either on the grinding, or on one of the lateral surfaces. The orifice of this cavity is at first very narrow; but it increases in time externally, in the same proportion as the caries extends itself in the cavity.

This disease, as far as my experience has enabled me to judge, always attacks the crown of the tooth, and never the neck or the root. As the disease is more actively resisted by the greater vascularity and consequent activity of the internal bony structure, than by the harder and less vital external parts of the tooth, it never proceeds so far towards the cavity containing the nerve, as to render this membrane altogether unprotected by the bony structure, before it has penetrated through the external osseous parts, including the enamel, and has thus formed a natural outlet for the bony abscess.

Mr. Fox and other writers assert, that they have seen caries sometimes produce idiopathic inflammation in the lining membrane, and the death of the tooth, before the disease has penetrated through the external surface of the crown; but I am perfectly assured of the contrary, because it is in opposition to the principles of that chemical action to which the tooth is exposed, when affected by this disease, and against all accurate observation and experience. The cases which have given rise to this opinion, have not been considered with sufficient accuracy;

this has arisen, either from the difficulty of discovering the carious cavity, or from erroneously attributing the death of the tooth to the effect of caries, when it has been produced, perhaps, by some mechanical irritation, an accidental blow, clumsy operation, or great irregularity in the situation of a tooth, &c.; in consequence of which an inflammation and mortification of the lining membrane has taken place before its extraction.

I have already explained the great difference in the effect produced by the chemical influence of dead or carious matter upon the living bony structure, and that upon a tooth already destitute of life; a fact, however, totally disregarded, and therefore productive of the most injurious practices in the treatment of this disease. Putrefaction acting upon a dead tooth, destroys the bone by immediate chemical action, and produces a direct change from a state of mortification to that of putrefaction. It, therefore, naturally finds the greatest resistance in the hardest and least vascular parts of the tooth. But putrefaction in the form of caries of a living tooth, destroys the bony parts, with which it is placed in immediate contact, in an indirect manner, producing by its chemical irritation, in the first place, inflammation, and afterwards mortification. It is in this instance, therefore, much more actively resisted in its destructive influence by the vascular than by the hard parts of the tooth. Consequently, as the bony structure of the tooth is more vascular the nearer it is to the lining membrane, and harder and more compact the nearer it is to the enamel, and, therefore, endued, in proportion to its vascularity, with a greater or less power of resisting inflammation; the diseased action of caries will proceed more rapidly towards the exterior than towards the interior of a tooth, and invariably produce an outlet at some part of its surface, before it can come in contact with its lining membrane. Although the enamel of the teeth, from its not being organized, is not subject to the immediate influence of inflammation; and although, from its crystalline nature, it is also most admirably calculated to resist putrefaction and other chemical influences; it is, nevertheless, from its peculiar structure, easily destroyed by mechanical causes, when once deprived of the support of its bony structure; consequently, where caries has destroyed that support, it is soon removed by mastication, and an external orifice to the carious cavity is thus produced.

When the disease has thus made itself an outlet through the bony structure and enamel, its progress towards the lining membrane is at this time somewhat retarded by the free evaporation of the putrid vapor, and the partial discharge and separation of the dead matter; it is, however, soon afterwards exasperated by other exciting causes, viz.: the additional external chemical and mechanical influences. The caries now proceeds towards the cavity, more or less speedily, according to the constitutional strength of the tooth, and violence of the general and local causes; until, at last, the disease penetrates through the whole bony structure, and produces considerable irritation upon the lining membrane, so as to involve that important and exquisitely sensible structure in idiopathic inflammation. At this period the disease may properly be called complicated caries.

The degree of rapidity of the destructive progress of deep-seated ca-

ries, depends upon the constitutional strength of the affected tooth, and on the degree of violence of the general and local exciting causes, which act simultaneously in aggravating the disease. Internal caries, however, proceeds much more rapidly than external, and it may be said to require, generally, from one to five years from the commencement of its corroding process to penetrate through the whole bony structure, and from three to twenty-four months afterwards before the destruction of the vitality of the lining membrane of the tooth is totally effected; putrefaction and absorption, however, may still require from seven to fifteen years to complete the entire destruction and removal of the dead parts. Simple caries, in each of its forms, differs in its effect on the temporary teeth, from that on the permanent set, only in proportion to their less dense and less durable construction, and requires no separate consideration, except in the surgical treatment.

Of the Surgical Treatment of Simple Caries.—The only remedy of caries is, first, the entire removal of all general and local exciting causes, and afterwards the removal of the proximate cause, by the complete extirpation of the mortified or inflamed parts of the bony structure of such teeth, by surgical operations properly adapted to the several stages of the disease. When superficial caries has not penetrated more than one third of the bony structure, the only judicious treatment will be to cut away the dead and diseased part by means of the file and chisel, or any other suitable cutting instruments; so as to produce a sound and even surface. When it has penetrated more than one third of the bony structure of the diseased side of the tooth, yet has not exposed, irritated or inflamed the nerve of the tooth, the dead and inflamed parts of the bony structure are to be removed by extirpation, and the defective parts restored by stopping the cavity with gold.

Deep-seated caries can only be cured by the latter operation; and the filing alone is never to be attempted for the removal of this species of caries, as the disease, instead of being removed, will be increased by the irritation; indeed, a removal of the caries cannot be accomplished by this operation without exposing the lining membrane to too great indirect action of all the external irritating causes to which the teeth are liable: inasmuch as an imperfect removal of the carious matter would leave the tooth, not only under the same morbid influences to which it had been before exposed, but would deprive it of some of its protecting constituents, and increase its debility by so irritating an operation: the operation of filing or cutting, therefore, performed in either way, augments the disease and hastens its destructive progress towards the nerve of the tooth.

The treatment of simple caries in the temporary teeth, is very different from that in the permanent set; for, as the utility of the former is of much shorter duration than that of the latter, such surgical treatment only should be adopted as may tend to retard the progress of the disease, to diminish its morbid influence as much as possible upon the other teeth, and to prevent its effect upon the permanent set. For this purpose the necessity of the greatest cleanliness of the mouth cannot be too much impressed upon the mind of both parents and children.—*American Journal and Library of Dental Science.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 29, 1842.

NAVAL SURGEONS.

IN the British navy there is an express law in regard to the age of a medical candidate for office, and we have an impression that in the United States naval service, the candidate for an assistant surgeon shall not be over twenty-six years of age. Admitting this to be the fact, then it is useless to seek a commission if the applicant happens to be one or two years older. But it behooves the Government to modify such a requisition. The newspapers have lately been ringing abroad the mortifying intelligence that there are not surgeons enough attached to the service to equip the outward bound government vessels, and one is well known to have been detained a whole week for the want of a medical officer, and finally sent to the Coast of Africa with only one surgeon on board. There is no reason why a surgeon of competent qualifications, even if he should be forty-five years old, should not be gladly received by the naval department, if he is willing to take up with its scanty fare and poor compensation. We speak of the service in this light, in reference to the exposition made in a pamphlet some few weeks since at Baltimore, by one who seems to know every rope in the ship of State.

As it now stands, a young, inexperienced tyro, who can sustain himself in an examination according to the precise letter of the textbook, is thankfully received by the Government; while a learned, experienced man, of mature judgment and skill in the practice of medicine and surgery, is cast off, if he is past, even by a month, the precise period at which wisdom is supposed to shine transcendantly—six and twenty, for example.

University of New York.—A circular for the next lecture season of the new school of medicine is circulating. The cost of erecting the Stuyvesant Institution, which has been recently purchased by the Faculty at their own expense, was \$120,000. It will, of course, be called hereafter the *Medical College*. The success of the school thus far has equalled the most sanguine expectations, and the prospects for the future are represented to be highly flattering.

Iodine and Sulphur Baths.—An apology should be made for having inadvertently neglected to apprise the profession that Dr. Durkee, who, as will be seen by an advertisement, has a private Hospital for Invalids at No. 26 Howard street, has succeeded admirably in constructing the iodine and sulphur baths. The estimation in which they are held in Europe is well known to medical readers; but there were certain difficulties to be overcome, that were feared might operate against the use of iodine as a bath on this side the Atlantic. The proprietor, however, with the aid of ingenious mechanics, has obviated any apprehended obstacles, and may well be gratified with the results of his persevering efforts to

give to physicians of the city and environs the use of a new and powerful medicinal agent in the cure of diseases. These baths are made to resemble, as nearly as may be, in their nature and effects, the celebrated springs of Virginia.

The Student's Medical Library.—Messrs. Lea & Blanchard announce a coming series of text-books for medical students—being elementary works on the various branches of medical science—and each one complete in itself, in a single volume. It is surprising that some ingenious publisher has not attempted this plan before. If the books are selected with care, and systematically arranged, we are satisfied that they would not only be exceedingly useful, but be recommended by all the medical schools on the score of their being an approach towards a uniform course of medical study throughout the United States. When the works are ready, reasonable notice will be given, and their value to the student fearlessly estimated.

Phrenology applied to Marriage.—This is an ingenious, argumentative production, by Mr. L. N. Fowler, the phrenologist, who is extensively known for his personal devotion to the science. The object is to instruct the ignorant in the principles of phrenology and physiology, as applied to man's social relations. There is also an analysis of the domestic feelings. "*Be ye not unequally yoked together,*" is the author's motto—which, we apprehend, comes too late in the day for some readers. Mr. Fowler is unquestionably right in asserting that great physical and moral evils have their origin in a bad matrimonial connection. But so long as the race are more under the guidance of propensities, than enlightened reason, marriages will continue to be contracted pretty much as they always have been, from the first dawn of civilization—some for better and some for worse. We give Mr. Fowler credit for ingenuity, benevolent intentions, and philosophical honesty.

Thomsonian Convention.—A convention was held at Albany week before last, in the Supreme Court Room, by the Thomsonians, or, as they are sometimes called, botanic physicians. Upwards of eighty delegates were present, who acted upon the business before them with unanimity. It was resolved to petition the Legislature till they are relieved from the existing legal restraints. Committees were appointed to prepare an address to the people of the State. It was also resolved to publish a Thomsonian Almanac. After transacting various matters, of pretty much the like importance, the Convention adjourned to the Wednesday evening following—since which no advices have been received.

Castleton Medical College.—The spring session of the Castleton Medical College was closed on Thursday, the 9th inst. The public exercises of the occasion were held in the brick church, in order as follows:—Music, instrumental and vocal; prayer, by Rev. J. Steele; music; conferring degrees, by the President; music; an appropriate address to the class, by Professor Hamilton; music; benediction.

The degree of Doctor of Medicine, in course, was conferred on James S. Ayres, of N. Y. Thesis—*Thomsonism*; Ezra S. Carr, N. Y.,

Medical Botany; James S. Dayton, of Vt., *Synochal Fever*; Ebenezer H. Drury, of Vt., *Pneumonia*; Jonathan B. French, of N. Y., *Epilepsy*; Samuel Galentine, of N. Y., *Acute Rheumatism*; Erasmus D. Hall, of Vt., *Chronic Gastritis*; Dr. Ansel G. Jones, of N. Y., *Rejection of Alcohol from the Materia Medica*; Zara W. Joslin, of N. Y., *Phrenology*; George F. Newell, of L. C., *Diagnosis of Tubercular Phthisis Pulmonalis*; David E. Page, of Vt., *Fatal Circulation*; Jesse D. Smith, of N. Y., *Vis Medicatrix Naturæ*; H. Judson Squire, of N. Y., *Diagnosis*; Charles Warren, of Mass., *Signs derived from the Circulating System*; Rollin C. M. Woodward, of Vt., *Phlegmasia Alba Dolens*.

The honorary degree of Doctor of Medicine was conferred on Dr. Alexander Ayres, of N. Y.; Dr. Edmund F. Grant, of N. Y.; and T. H. D'Wolf, M.D., of Mass.

Medical Convention of Ohio.—The fifth regular meeting of this primary assembly commenced in the city of Cincinnati, on Monday, the 16th of May, and remained in session five days. Near one hundred members were in attendance, representing many of the interior counties of the State.

The following papers and reports were read during the sitting of the Convention:—

1. The influence of heat and cold on the animal system, by G. W. Boerstler, M.D.
2. Modus operandi of medicines, by J. P. Harrison, M.D.
3. Syphilis, by R. D. Mussey, M.D.
4. Causes and treatment of milk sickness, by John Dawson, M.D.
5. Topography, climate and diseases of Scioto, by G. B. S. Hempstead, M.D.
6. Report on the Eaton Medical Society, by Pliny M. Crume, M.D.
7. Report on the Warren County Medical Society, by E. Fisher, M.D.
8. Laws of organic life, by E. A. Atlee, M.D.
9. Diseases of the heart, by N. Worcester, M.D.
10. Wounds of the intestines, by S. D. Gross, M.D.
11. Report on animal magnetism, by R. Thompson, M.D.
12. Periodical influence of a miasmatic diathesis upon local inflammation, and general diseases of a continuous character, by W. J. Barbee, M.D.
13. Pathology of Fever, by J. P. Harrison, M.D.
14. Prejudices against the profession, by M. B. Wright, M.D.

The papers read before the Convention gave indubitable evidence of accurate thought and profound research on the part of the authors; and, while many of them exhibited the bold originality of the *West*, they were all characterized by an evident acquaintance with their subjects, and good general views, that would have done honor to any medical association of Europe or America. Those who were present at this Convention were convinced that western physicians have the ability to reason and deduce principles, unaided by transatlantic genius. Although the luminaries of the West may not extend their rays to other climes, yet, not acting as satellites to any *system*, nor assuming the borrowed plumage of others, they rest secure upon an immutable basis, uninfluenced by the many ephemeral illusions that agitate the philosophical world.—*Western Lancet*.

Vegetable Diet. BY ROBERT DICK, M.D.—In reference to a very interesting case reported by Mr. Rowbotham (of a child severely afflicted with ulcers, which had continued for eighteen months, and who was soon

cured by a diet of ripe fruits, honey, &c.), I beg to state that I can bear very strong testimony to the remarkable good effects of a diet of vegetables (one of acidulous fruits more especially) in many forms of cutaneous disease. It may be stated as a general rule, that when a cutaneous eruption depends on hepatic derangement (not organic), characterized by pain, tumidity, and profuse secretion of the liver; by dark-colored stools (and more especially if these produce *ardor ani*); by yellow-coated tongue; bitter morning taste of the mouth; accelerated pulse; dry heat of skin, and nocturnal sleeplessness, the judicious adoption of a vegetable diet will be found a most efficacious means of removing that condition of the digestive organs and that constitution of the blood from which the eruption and the unpleasant symptoms enumerated result. This I have pointed out elsewhere, and endeavored to explain, and recent experience has corroborated the views there stated.—*London Lancet*.

Extirpation of the Scapula and portion of the Clavicle—Extirpation of the Testicle in the same Individual.—The following case is most interesting from the complicated nature of the injuries and the serious operations required. A boy, 14 years old, employed at the cannon foundry at Cairo, was wounded in several places from the accidental explosion of a cannon loaded with stones, bricks and similar substances. At the moment of explosion he was stooping, with his back to the cannon, and his legs widely separated, raising a water-jar from the ground. Some of the projectiles struck him on the left lumbar region, others passed between his thighs, lacerating the left scrotum, and dividing the left spermatic cord; but the majority of them struck the left shoulder, causing extensive laceration and fracture. The divided spermatic artery was tied, and the testicle, together with several small pieces of brick, was removed, and the contused and lacerated integuments being cut away, the edges of the wound were brought together. The neck of the humerus was literally smashed, and the surrounding integuments and muscles dreadfully torn and contused, leaving at the inside of the arm a small portion of skin, scarcely sufficient for a flap, uninjured. Amputation at the shoulder-joint was performed, but on examining afterwards the scapula, it was also found to have been shattered in several places. This, together with the insufficiency of the flap, determined Gaetani-Bey on prolonging his incisions, and removing the whole of the scapula, together with the acromial end of the clavicle. The lacerated integuments were fashioned so as to form a covering to this extensive wound, and twenty-four days from the operation the lad had completely recovered.—*Archives Chirurg. Francaise et Etrang.*—*Ibid.*

Division of the Muscles of the Back.—In an article in the "Gazette Médicale," M. Guérin endeavors to refute the objections raised by M. Bouvier against his theory of the dependency of spinal distortions on muscular contraction, and the applicability of tenotomy to their cure. For the present we will simply notice M. Guérin's theory, reserving to some future No. a summary of the different theories on this class of affections. According to M. Guérin, spinal distortions should be classed with club-foot, wry-neck, &c., and that as the muscles of the foot, leg, knee, &c., by their contractions produce certain deformities, which, arising from the same cause, perverted muscular action, present the same general

character, and require for their relief the same operation, division of the contracted muscles; so, also, curvature of the spine may be considered as the club-foot of the back, depending on the contracted state of the muscles of this region, and requiring for its cure their division.—*Ibid.*

The Epidemics among Cattle.—There are now raging throughout the greater part of England and Ireland, and some districts of Scotland, epidemics among horses and cattle of a most fatal character. They are altogether different from those that have lately prevailed, both in the character which they assume and the increased mortality by which they are attended. Sheep are rapidly beginning to be involved in the general destruction.—*Veterinarian*, May, 1842.

TO CORRESPONDENTS.—Dr. Schmidt's case of division of the masseter muscle was received too late for this week.—The surgical testimony in regard to a certain controverted case is received, and is under consideration.

DIED.—In Roxbury, Rufus Wyman, M.D., 64, long and extensively known as the Superintendent of the McLean Asylum for the Insane at Charlestown.—In Pittsfield, Mass., 16th inst., Moses A. Lee, M.D., Professor of Materia Medica and Pharmacy in the Berkshire Medical Institution, 36.—In New York, Ethan Allen Ward, M.D., 37.—At Glen Cove, Long Island, N. Y., Dr. Thomas Garvie, 69, formerly of Perth, Scotland.

Number of deaths in Boston for the week ending June 25, 34.—Males, 18; Females, 16. Stillborn, 4. Of consumption, 2—flu, 2—disease of the heart, 2—scarlet fever, 3—inflammation of the lungs, 2—child-bed, 1—typhus fever, 1—convulsions, 1—rupture of bloodvessel, 1—old age, 1—lung fever, 1—marasmus, 2—dropsy in the head, 2—infantile, 3—apoplexy, 2—tic douloureux, 1—cholera infantum, 1—brain fever, 1—inflammation of the bowels, 1—liver complaint, 1—measles, 1—unknown, 1.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—epim JOHN JEFFRIES, *Secretary of Censors.*

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE FALL COURSE OF LECTURES will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.
JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.
DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.
JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.
ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.
WILLIAM F. RUSSELL, M.D., Professor of Medical Jurisprudence.
EERA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.
JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class. JOSEPH PERKINS, Registrar.

Castleton, Vt., May 26, 1842.

Je. 29.—TA4

PRIVATE HOSPITAL IN BOSTON.

SILAS DUNN, M.D., Member of the Massachusetts Medical Society, and of the Boston Medical Association, has taken the large and convenient house No. 26 Howard Street, Boston, and fitted it up as a PRIVATE HOSPITAL for INVALIDS.

In important and difficult cases, the services of the most skillful and experienced physicians in the city will be had in consultation; and patients who place themselves under the care of Dr. D., and who wish to avail themselves of the advantages of a private Hospital, may be assured that every effort will be made for their comfort and well being.

An apartment has been fitted up with apparatus for administering the Iodine Bath, Sulphur Bath, and other medicated baths, as recommended by Dr. Green, of London, in the treatment of various chronic diseases. Terms, \$6 to \$10 per week.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by	DLIX CROSBY, M.D.
Materia Medica, Medical Jurisprudence and Medical Botany, by	EDWARD E. PHELPS, M.D.
Chemistry and Pharmacy, by	OLIVER P. HUBBARD, M.D.
Theory and Practice of Physic, and Pathological Anatomy, by	JOSEPH ROBY, M.D.
Anatomy and Physiology, by	EDMUND R. FRASER, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, *Secretary of the Faculty.*

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ADONZO CLARK, M.D., Professor of General and Special Pathology.

MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany, and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$12. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 22—1A

H. H. CHILDS, *President.*

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.

Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.

Obstetrics, by EZEKIEL EMMONS, M.D.

Materia Medica, by T. ROMEYN BECK, M.D.

Chemistry, by LEWIS C. BECK, M.D.

Anatomy, by JAMES H. ARMSBY, M.D.

Institutes of Medicine, by THOMAS HUN, M.D.

Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., *President.*

Al.27—10

J. H. ARMSBY, M.D., *Registrar.*

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Je 28—copy

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On the douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; Iritis—Dr. G. A. Bohnum. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance.

D. CLAPP, JR., *Publisher.*

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-foot, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BARKER, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price, \$3.00 a year in advance, or after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JULY 6, 1842.

No. 22.

CLINICAL LECTURE ON INCIPIENT PHTHISIS.

BY JOHN CLENDENNING, M.D., F.R.S., ETC.

I HAVE repeatedly brought under your notice the symptoms of phthisis. It is a wearisome disease, on account of its enormous frequency, its intractability, and its nearly uniform result, when tolerably distinct. And to pupils especially, but to practitioners also, its tediousness, "which, like a wounded snake, drags its slow length along," makes it a sort of "*noli me tangere*," which we desire to have, at least in official practice, as little as possible to do with. To be watching from week to week and month to month the frame wasting away, and listening to the ever-recurring complaints of bad rest, weakness, pectoral pains, colliquative discharges, harassing cough, &c., for most of which we can often do little or nothing in the way of substantial relief; this realizes almost the sarcasm of our great lexicographer, Johnson, that "physic is but a meditation on death." Still the subject in every respect is of paramount importance and interest, as you will find when you come to treat the disease in private practice, and again and again must you have your attention directed to it. In all its stages you must familiarize yourselves with its sufferings and appropriate helps and palliatives; but especially must you study the early stage, or that of incipient tuberculation. Now, there are at this moment up stairs several cases well fitted for illustrating to you the diagnosis and treatment of the early stage of this giant disease. I allude to a case you may have seen in Alderton's ward, of a servant girl, aged 21, admitted on the last of March; and to two cases on the male side, in Murray's: one that of a laboring man, aged 25 years; the other that of a boy, aged 8 years, each admitted about the same time as the girl.

CASE 2.—The girl appears to have come to her service in London about a year ago, and to have become irregular as to the menstrual function soon after. She says she has had suppression for nearly the whole time. This is a common result in young women from the country, on entering upon the hard life of a London servant of all-work. Short and perhaps broken rest, irregular meals, much bodily labor, almost constant confinement to the house, and the London atmosphere, conspire against many of them, with dependence and humiliation, and soon tell even upon healthy and vigorous girls, producing in such, pretty frequently, severe fevers, and in less favored subjects causing ultimately amenorrhœa, chlorosis, dyspepsia, hysteria, and not rarely bringing out, if not directly originating, tubercular mischief.

For some little time before her admission her legs swelled at night, but were down again in the morning. For four months she had been complaining of palpitations, some cough, and other symptoms, not sufficient to force her to leave her service, as I understand; her look was what old writers call leuco-phlegmatic, otherwise pallid, with fulness rather than sharpness or wasting of feature; there was no great disturbance of the pulse, some pain under the breast-bone, urine and bowels nearly normal. On examining her chest, the following were observed: On and below the collar-bone, and on the top of the shoulder-blade on the right, the chest had less resonance on percussion than the same parts on the other side. The difference was slight, however. The space in front, under the right collar-bone, seemed likewise, when compared with the other side, somewhat depressed, and was also less expanded in inspiration; the sounds of breathing were too distinct on each side, and most so on the right I thought; no remarkable or important crackling murmur or other unnatural sound was noted during inspiration.

CASE 3.—These physical signs correspond as nearly as possible with those observed in the man in Murray's ward. His disease is also at the top of the right lung, and is marked by precisely the same defects in the resonance, shape, and motions of the part, and by the same distinctness of the expiration. He has, however, been subject to winter coughs; but he has had no hæmoptysis, and has been equal to his work until within a few days of admission, when he had cough, chills, followed by headache, pains in his bones, and other symptoms of influenza, coming on without obvious cause.

CASE 4.—The boy in the same ward has had symptoms and signs very nearly the same as the man and the girl. He is, as you have seen, rather a high-shouldered, but healthy-enough looking little fellow, who was attacked shortly before admission, while in the boy's school on the other side, with symptoms like those of the man, and denoting something like influenza. On examining this child, I found traces of tubercular mischief on the left side, the right lung appearing comparatively, if not absolutely, healthy. To state the points in which the left lung was defective in this case, would be to repeat almost verbatim the description of the appearances observed on the right side in the two other cases. The differences of age and sex in those cases were sufficient to modify considerably the physiological effects and symptoms of the disease of the lung, independently of any personal peculiarities of constitution in the patients; but such differences exert but little influence over the physical manifestation of structural change. In all subjects, happily without exception of importance, the methods of Avenbrugger, Laennec, &c., are applicable alike in the detection of organic mischief, and often indirectly of functional disorders, as well as of feigned or imagined disease. The only difference I think worth naming was this: the inspiration in this child was accompanied in the top of the left lung, towards the end of the act of inhaling, with a sort of click, as if tough fluids mixed with air had at length found room to bubble and burst in the interior of the lobe in some cavity larger than the natural passages or healthy air-vessels. This click is possibly proof of an excavation by tubercle,

but may be owing to a dilated air-vessel, for his high shoulders with other circumstances render it probable that his lungs are more or less emphysematous. I could detect no pectoriloquy nor decided gurgle, and he had not hæmoptysis, as I understood.

Remarks.—On the whole, then, you see these three cases present a remarkable coincidence in their features. In two of them no striking crepitus is noted, which is, perhaps, not in accordance with what you will find in books. Laennec enumerated amongst his physical diagnostic signs of commencing consumption, a peculiar murmur accompany the inspiration, and which he attributed to the softening of the tubercles; and this view has been generally adopted. You will often, it is true, meet with crepitations in the vicinity of tuberculations. The presence of tubercle is usually attended by chronic congestion and catarrh of the neighboring air-vessels upon which such crepitations depend, and they are met with, I think you will find, in a great variety of combinations, degrees and circumstances, and of which softening tubercle is but one kind or form. Such crepitations, therefore, are probably of doubtful importance. On this point, then, as on not a few others, you will do well to listen to Laennec with a reasonable share of credulity. Laennec made a great discovery, viz., a second method of exploring the diseases of the viscera and cavities by physical means; this was, in classic phrase, his "*monumentum ære perennius*;" his imperishable memorial. When that method was established in credit and use, his mission was accomplished. Had he left the detailed enumeration and interpretation of the sounds incidental to the actions and lesions of the lungs and heart to his disciples and successors, I suspect that auscultation and the physical method generally would be more advanced now than it is; because the practical uses of new discoveries and inventions are necessarily of slow growth, and demand the co-operation of many minds, and even of generations. The investigation of them is, besides, generally on a level with common capacities. Already the diagnostics of Laennec have received much correction from less gifted men than he, and you may depend upon it they need much more still. As the authority of the *master* decays with time, so we may expect will his omissions be more boldly supplied, and his mistakes more freely and fully rectified.

The palpitations complained of by the girl, I may remark, were probably symptomatic of the tuberculation. I have met with a good number of cases in which palpitation had drawn away in a great degree or altogether the attention of the patient from well-known pulmonary symptoms. Some years ago I had a woman in the very same ward, I think, who was an intelligent person, and assured me she had labored incessantly for nearly a dozen years under palpitation, of which principally she still complained; and yet this woman's age was mature and beyond the hysterical period, and her heart was clinically and post-mortem proved perfectly normal; while her only disease was phthisis in both lungs, of which she died after a short residence in the Infirmary. This was an extreme case, of course; but I know at this moment of several instances in both sexes of the connection between palpitations and tubercular lung. You should bear this in mind.

Summary.—Before passing to the next case, let me remind you generally that the diagnosis of incipient phthisis practically may be said to turn mainly on a general view of the past history, and a precise estimate of the present physical signs. Habitual cough, frequently recurring catarrh, hæmoptysis, &c., are well-known symptoms, and require no notice at present. The great question in such cases is—what is the physical condition of the lungs? Are they as porous and open to the passage to and fro, in and out, of air in breathing, as they ought to be? To determine this we have commonly only to examine carefully the chest about the collar-bones, in the arm-pit, and the top of the shoulder and about the upper half of the shoulder-blades; to observe whether the corresponding parts are equally resonant on being percussed; whether the parts about the collar-bones move (by rising and falling, or sinking) equally in breathing; whether they are of the same shape and fulness; and whether the sounds of breathing are soft and diffused, and particularly whether expiration is accompanied by a very distinct sound. If consolidation, i. e., tuberculation, be present to any extent, the defective side will manifest it by more or fewer of the signs just referred to; and where those tests, applied by competent persons, afford no decisive result, then no positive or satisfactory diagnosis can be hazarded.

As these three cases are still under treatment, I shall at present say nothing of the particular remedies employed; they are all doing well, I think, and are on a sustaining diet, with alkaline, soothing, diuretic medicines.—*London Lancet.*

ENTIRE DIVISION OF THE MASSETER MUSCLE, FOR RIGIDITY OF THE JAW.

BY J. W. SCHMIDT, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

Miss S. had labored for more than twelve years under the very serious inconvenience of not being able to open her mouth, owing to a contraction and rigidity of one of the masseter muscles, which was caused by an extensively ulcerated throat when a child. The jaw was not only so closed that the end of the little finger could not be inserted between the incisors, but was also much drawn to one side. Frequent attempts had been made to open the jaws by means of an instrument, which I have seen succeed in cases of immobility of the jaw, produced from the use of mercury, and described by Professor Mott in the fifth volume of the American Journal of Medical Sciences for November; but no permanent good resulted from this instrument, for after its use the contractility of the masseter seemed only aggravated, and the jaw rendered more firmly resistant.

The young lady being very desirous to have this inconvenience and deformity removed, after some examination of the case I determined on the following operation. On the 8th of October, 1841, in the presence of my friends Professor Mott and Dr. C. A. Porter, I passed a narrow bistoury through the mucous membrane of the mouth, immedi-

ately in front of the anterior edge of the masseter muscle, about on a line with the alveolar processes of the lower jaw. Holding the integument up from the muscle with one hand, the bistoury was passed over the masseter, between it and the integuments, and the muscle completely divided to the bone. The mouth was immediately opened to near the usual size, and the lateral distortion of the jaw much improved. Considerable hemorrhage followed, and some extravasation into the cellular substance, which gradually subsided, and the case succeeded well. To prevent union of the muscle as before, pieces of soft wood, wedge-shaped, were kept in the mouth during the night, and occasionally during the day.

I am not aware that the entire division of the masseter on the subcutaneous principle has before been performed. Professor Mott, who witnessed a great many orthopedic operations by Guérin, has never seen him divide this muscle, nor has he done it. I was informed, by a practitioner in this city, that the masseter had been divided by Dr. Mutter, of Philadelphia; but on referring to his paper, published in the *American Journal of Medical Sciences* for May, 1840, I find that he only divided the anterior fibres of the muscle, with an instrument resembling a gum lancet. The knife being introduced within the mouth, had the great advantage of leaving no scar.

June 22, 1842.

MEDICAL TESTIMONY.

[It was our determination not to give place to another line relating to the mooted case of the fractured limb in Cortlandville, N. Y.; but the following affidavits are urged upon us, against our convictions of their utility, with the cogent plea that truth demands their publication and circulation. With a most complying desire to accommodate both parties and set the public mind right, we are worse off now than in the beginning of the controversy; and we very much fear that at this rate of clearing up other people's obscurities, we are laying the foundation for the future ill will of every person who has in any way been identified with this affair. We can truly say that we wish Smith had never broken his leg!]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I perceive in your Journal of May 11th, a letter from Drs. Goodyear and Hyde, in reference to the case of Wm. Smith; in answer to which I would respectfully request that you publish the following affidavits from Drs. Harmon Van Duzen and Joel R. Carpenter, that your numerous readers may know, as they have a right to, the whole truth in relation to this matter.

Respectfully yours,

Cortlandville, June 12, 1842.

A. B. SHIPMAN, M.D.

State of New York, Cortland County, ss.

Harmon Van Duzen, being duly sworn, deposes and saith, that he is

a physician and surgeon in the town of Tully, in the County of Onondaga and State aforesaid; that he has been such practitioner for about fifteen years. And this deponent further saith that he is personally acquainted with William Smith, of Cortland County, who has been the subject of controversy in said County. And on or about the first of May last, I examined the leg of said Smith, and found the leg sound and entirely free from disease, the bone united by firm and healthy callus; that there is no sinus or diseased bone upon the leg, no ulceration or discharge of any kind; that the foot stands in its relative position to the leg, and is no more likely to become diseased than the other leg. And this deponent further saith, that the motion of the ankle-joint is tolerably free, and the patient walks with apparent ease and with but a trifling limp, hardly perceptible to a casual observer. And this deponent further deponeth and saith, that he considers the cure as complete and perfect as is ever met with in cases of this description, and that the said Smith was in apparent good health. And further this deponent saith not.

H. VAN DUZEN, M.D.

Sworn to and subscribed before me,
this 2d day of June, A. D. 1842. }
 HOMER GILLET, Just. Peace.

State of New York, Cortland County, ss.

Joel R. Carpenter, being duly sworn, deposeth and saith, that he is a physician and surgeon in the town of Cortlandville, in said County; that he is the regularly employed physician and surgeon at the Alms-house in and for the said County, and has been for more than one year anterior to this date; that he is intimately acquainted with the inmates of said establishment during the period aforesaid; that William Smith has been an inmate of said establishment during the year 1841, for about two months; that his being there was in consequence of poverty, more than from any other cause; that I have been intimately acquainted with said Smith, since his confinement at the Alms-house in 1839 with a compound fracture of the leg; that said Smith left said Alms-house in the spring of 1840; that I have repeatedly examined said Smith's leg since that time, and for the last time on the 29th of April last; that during my practice I have not made any application, nor has any been necessary, to said leg, but on the contrary the leg has been free from any discharge of the sinus for eight months last past; that the last time said Smith came as an inmate to said establishment, he said he had hurt his leg in attempting to get on to a horse, and on examination I found he had rubbed a small piece of skin off his leg, above where the sinus had been, but that no application was made, nor was it necessary in my opinion; that on a thorough examination of said leg I found the bone united by sound and healthy callus, and no more appearance of ulceration than in the other leg; that said Smith is at work at his trade, is in perfect health, and able to perform a good day's work. And further this deponent saith not.

JOEL R. CARPENTER.

Sworn to and subscribed before me,
this 21st day of June, A. D. 1842. }
 HOMER GILLET, Just. Peace.

ASYLUM FOR THE INSANE IN PENNSYLVANIA.

[In obedience to a resolution of the Legislature, William Strickland, Esq., the architect of the new Asylum for the Insane, has made the following report of the progress of the work, accompanied by a description of the edifice, which should have a place in all medical periodicals, for future reference.]

The foundations are laid upon a beautiful site of elevated ground on the west side of the river Schuylkill, between Gray's Ferry and Carr's Gardens, and between the Philadelphia and Baltimore Rail-road and the Darby road, and elevated above the river upwards of fifty feet; commanding at once a fine prospect of the river and of the city of Philadelphia and her most extensive and useful public works.

In plan the building consists of a central projection and main wings, flanked by verandahs upon each of the returned wings. The principal front is towards the N. E., and is 467 feet in length. The returned wings are each 236 feet; these, as well as those of the front, are three stories in height. The centre building and verandahs are four stories, each with a quadrangular pitched roof, and the whole to be covered with Pennsylvania slate over a bold projecting eave.

The wings alone contain the dormitories for each class of the insane, and they are calculated to accommodate 300 patients. They are situated on each side of a gallery or corridor 10 feet in width; dimensions of the chambers 7 feet by 10 feet, and from 11 to 12 feet in height, and the ceilings of them all to be arched with brick. Each chamber is to be ventilated by a flue rising to the roof, and an open sash over each door-way, which is opposite to each of the windows on the front and rear.

The warm air is to be introduced by flues from eight furnaces to be constructed in the cellar story, and passed into the corridors of each separate story, there to be regulated by dampers placed eight feet above the floor.

The sash of all the windows are to be of cast iron, fixed upon central pivots in the sill and head, and so arranged as to open six inches on each side by the whole height of the window; the glass to be glazed in the cast-iron frame, and a wooden frame surrounding the window sustains the whole.

In the arrangement of all the corridors or passages they are made to have a free communication with the open air at each end; the one end entirely clear of the rear of the centre building; the other communicating with the verandahs, which are to be used as play-rooms and for games and exercise either in fair or foul weather. These are each 50 feet square, and will be well lighted and ventilated with moveable sash.

The cellar story is to be 5 feet above the surface of the ground and 6 feet below it. This story to be surrounded by an area 7 feet in width with sloping banks in every direction.

The kitchens and wash-rooms are situated in each wing immediately under the dining and bath-rooms of the upper stories. The water-closets as well as the bath-rooms have their drops into culverts of large dimensions, which are to be arched over beneath the cellar floor, and a

fine spring of water will be introduced, under a rapid descent, to keep the conduits clean.

The furnaces for the generation of hot air are to be placed in this story, two for each wing, and the flue from each contains a cast-iron smoke stack of 10 inches in diameter; they will be constructed for burning anthracite coal, and supplied with air to be heated through openings leading from the outside of the building.

The cellar story also contains all the necessary store-rooms, drying-rooms, laundry, bakery, family dining-rooms, as well as rooms for domestics, and upon the return wings a sufficient number of rooms, say 20 for the males and a similar number for the females, are to be constructed and set apart for the special accommodation of noisy and violent patients. In each of these wings three distinct classes of patients can be accommodated, and from the position of the returned verandahs at the extreme ends of the building, the most noisy will not interfere with the quiet of the inmates of the main building.

The basement story, or first floor, is divided into rooms ranged along the sides of the corridors, and extending from a centre building through wings which terminate at verandahs. The centre building is 95 feet by 52, and contains on the principal entry hall two rooms of 18 feet square, each side of which is intended for the use of the Superintendent as parlors, offices, library and apothecary shop. In the second story the same arrangement of rooms is intended for the officers resident in the Asylum, such as two parlors, steward's and attendants' rooms; a reception chamber for visitors, and other rooms intended for the better class of convalescent patients. All the other stories are similar in their arrangements and fixtures to those just described, and the right and left wings are completely separated in the rear by the projection of the centre building.

A supply of water may be derived from a beautiful spring run which flows through the whole extent of the premises, which may be dammed up at a small expense, and the water power used to fill the tanks which are to be placed under the roofs of the verandahs and centre building, from which the water may be conveyed to every section of the building for bathing and other purposes.

All the fixtures for washing and drying clothes are to be in the cellar story of the verandahs immediately under the tanks or reservoirs, and funnels will be made at every stair-way from the different stories and wards, into which soiled articles are to be thrown down into the receiving rooms and from thence into the wash-rooms.

Dumb waiters are to lead from the dining-rooms of each story directly into the kitchens below, in which fixtures of the most approved construction are to be placed for steaming, boiling, baking, &c.

One of the chief merits of the plan now entered upon consists in the location of all the chambers and rooms, where hot or cold water is to be used, over the sewers or culverts which are founded beneath the cellar story along with the rear walls of the building, so that all the waste water from the interior, the yards, roof, and from the Indian spring, flows through the culverts upon a rapid descent, which at once will cleanse

and prevent the escape of effluvia throughout the whole establishment. These conduits are sufficiently large to allow a man to pass through their whole extent, and from the situation of the building on the site, the ground falls off in every direction towards the spring run, which empties itself into the river Schuylkill on the eastern boundary line of the farm.

The architecture of the principal front is of the plainest possible character; without mouldings, columns, pediments, architraves or cornices. It is simply a plain rubble-stone structure, to be dashed up with gravel mortar in a strict rustic style, and with Tuscan proportions. All the wood of the exterior as well as that of the interior is to be varnished and not painted. The dormitories and passages are to be finished in rough sand plastering without cornices or mouldings, or any decoration whatever; and the cost of the whole building, including the furniture and contingent expenses with the purchase of the land, will not exceed the amount appropriated by the Legislature.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The Fellows of the New Hampshire Medical Society assembled at the Phoenix Hotel, in Concord, on the 31st ult., where they have long been accustomed to greet the return of the Society's anniversaries. With warm hearts they hail the day, when they are permitted to meet and extend the hand of friendship, and feel the warm and fraternal "grip." After having endured the trials and anxieties incident to the profession, and been weighed down by those solemn responsibilities which none but a physician can appreciate, how cheering to find *one* day in the year when we can meet those kindred souls with whom we can sympathize, and enjoy that mutual interchange of good feeling, upon which the happiness of social life so greatly depends.

The meeting was well attended, and the annual business of the Society was disposed of harmoniously and with despatch. Two interesting dissertations were listened to with deep interest by the members, and other literary gentlemen present: one from Professor Crosby, of Hanover, on hernia, its surgical anatomy and treatment; the other from Dr. Savory, of Hopkinton, upon the present condition of medicine as a science and a profession.

One circumstance rendered our meeting peculiarly solemn, and cast a gloom over our deliberations. Since our previous annual meeting the chair had been vacated by death—a circumstance which had never before occurred since the organization of the Society. Dr. Luke Howe, of Jaffrey, who had so honorably filled it, was no longer there; and his memory will long be revered by every member. He was universally beloved and esteemed by his associates; and his loss will be deeply felt, not only by the Society, but by the profession generally. Resolutions expressive of the deep feeling of the members, and of sympathy with his afflicted family, were unanimously adopted. Dr. I. Colby of Keene, and J. Batcheller

of Marlborough, were appointed to prepare a memoir of Dr. Howe, to be read before the Society at its next annual meeting.

I notice in the account given in your Journal of the meeting of the Massachusetts Medical Society, that wine was excluded from its tables. This is as it should be, and worthy to be imitated by all medical associations. New Hampshire, however, is a little in advance upon this point. I think it is more than ten years since ardent spirit and wine were banished from the board of the New Hampshire Medical Society.

The following list of officers were elected for the current year:—

Dixi Crosby, Hanover, *President*.

James Batcheller, Marlborough, *Vice President*.

James B. Abbott, Boscawen, *Secretary*.

R. P. J. Tenney, Loudon, *Treasurer*.

Counsellors.—Nathaniel Wright, Gilmanton; Charles A. Savory, Hopkinton; James Farrington, Rochester; Joseph H. Smith, Dover; Israel Burnham, Antrim; Jacob A. Wood, Hancock; Amos Twitchell, Keene; Isaac Colby, Keene; Josiah C. Eastman, Hampstead; William Brown, Chester; Silas Walker, Bedford; David Flanders, Londonderry.

Censors.—Moses T. Willard, Concord; Andrew McFarland, Sandwich; John S. Fernald, Barrington; Noah Martin, Dover; Daniel Adams, Mount Vernon; Micah Eldridge, Nashua; Isaac Colby, Keene; Amos Twitchell, Keene; Josiah Bartlett, Stratham; Joseph Eastman, Candia; Silas Walker, Bedford; David Flanders, Londonderry.

Committee of Correspondence.—Josiah Bartlett, Stratham; Julius H. Morse, Manchester; James Batcheller, Marlborough; Luther M. Knight, Thornton; Francis P. Fitch, Amherst; Stephen Drew, Milton; Dixi Crosby, Hanover.

Delegates to the Examinations at the Medical Institution at Hanover.—Francis P. Fitch, Amherst; James Farrington, Rochester.

Orators for 1843.—Joseph H. Smith, Dover; Luther M. Knight, Thornton. *Substitutes*.—Harrison Eaton, Merrimack; Thomas R. Crosby, Meriden.

The following gentlemen were elected members of the Society, viz.: Jacob A. Wood, Hancock; Harrison Eaton, Merrimack; Thomas R. Crosby, Meriden; Julius H. Morse, Manchester; and William D. Buck, Concord.

Yours respectfully,

Boscawen, June, 1842.

JAMES B. ABBOTT, *Sec'y*.

HARTFORD RETREAT FOR THE INSANE—EIGHTEENTH ANNUAL REPORT.

[THIS is another of those interesting reports which now annually come to us from different parts of the country, each marked by its own peculiar excellences. We gather from it that the number of patients at the beginning of the year, was 83; admitted during the year, 96; total during the year, 179. Discharged, recovered, 56; improved, 16; unimproved, 9; dead, 8—total, 89. Remaining at the Retreat, 90. The portion of it by Dr. Brigham, the Superintendent, contains many valua-

ble suggestions, which are well worthy of a more extensive circulation than they will obtain in the printed report. The following extracts are all we have room for the present week.]

"By recovered, we usually mean complete restoration of the mental powers. Two of the individuals discharged this year, and reported as recovered, are still very eccentric, though they do not now manifest anything that their friends call insanity, are able to attend to their affairs, and are as well as they were for several years before they were called insane. Such individuals, after having had an attack of insanity, and been at an asylum for the insane, and recovered, are ever after considered some deranged, but they would have been so considered years previous, had they then been sent to such an institution.

"Some few other individuals, though reported recovered, did not, when they left us, exhibit their former mental vigor; from several of these we have heard, that at home they have entirely recovered in this respect, or are steadily improving. With these few exceptions, those that we have reported as recovered, we consider completely so.

"We have been thus particular, to guard against an impression, that those who have been once decidedly insane, never have their mental powers fully restored. From our own observation, and extensive and careful inquiry respecting those who have heretofore been discharged from this Institution as recovered, we know the contrary is the fact. Many who have been here as patients, are now among the most industrious and intelligent persons in the community, and some of them filling stations of high responsibility, as parents, teachers, clergymen, lawyers, physicians, merchants, &c., and discharging their duties with propriety and ability. Some few, I am happy to say, exhibit more mental vigor and ability, than previous to the attack of insanity. Of this I feel confident, from my own observation, and the declarations of their friends, and of the individuals themselves; besides, it is not very surprising that such should occasionally be the result, as it can be explained on physiological principles—the unusual and long-continued excitement of the brain, having permanently increased its power and activity."

* * * * *

"The inculcation and general prevalence of correct views respecting the nature of insanity, I consider of great importance. It is their prevalence, though to a limited extent, that has led to the improved treatment of insanity within the last half century, and were they now generally established, they would be acted upon—the causes of the disease often avoided, medical advice solicited, and a proper remedial course adopted, the same as in attacks of other diseases. Correct views of this disease would lessen the terror with which it is now regarded. 'Whoever,' says Sir James Mackintosh, 'has brought himself to consider a disease of the brain as differing only in degree from a disease of the lungs, has robbed it of that mysterious horror which forms its chief malignity.'

"Such views would aid in curing the disease, by their impression on the minds of patients. There are many deranged persons who know they are deranged, but their ignorance of the nature of mental disorder, or their erroneous notions about it, tend rather to discourage them, and to

annihilate all hope. I have in several instances of the melancholy insane, known the first symptoms of amendment to arise from the belief, faint to be sure, at first, that all their fears and mental anguish might be the consequence of disease of the body ; and if so, might be cured. An esteemed friend who was here several months, and for some time the most wretched and melancholy patient we ever had, has told me, since his recovery, that the first ray of hope that beamed upon him, arose from being told, and partially convinced, that his singular apprehensions—his peculiar mental state—might be the result of disease of the brain and nervous system, and he also assured me that nothing aggravated his feelings, and injured him so much, as the efforts of his friends to cure him by reasoning and arguing with him against his delusions. Another told me in a conversation respecting the danger of a relapse, that she had but little fear of such a result, as she now knew that her mental disturbance was gradual in its approach, and arose from disease of the brain, caused by too violent application of mind, and that hereafter she believed she should know how to prevent a recurrence of an attack, by avoiding the causes likely to induce it, and to recognize and properly treat the early symptoms, should they occur.

“ A knowledge of the nature of the disease would frequently lead to its prevention. Insanity in most cases arises from undue excitement and labor of the brain ; for even if a predisposition to it is inherited, an exciting cause is essential to its development. Hence everything likely to cause great excitement of the brain, especially in early life, should be avoided.

“ The records of cases at this Institution, and my own observation, justify me in saying that the neglect of moral discipline—the too great indulgence of the passions and emotions in early life, together with the excessive and premature exercise of the mental powers, are among the most frequent causes that predispose to insanity. But these causes are in no other way operative in producing insanity, than by unduly exciting the brain. By neglect of moral discipline, a character is formed subject to violent passions, and to extreme emotions, and anxiety from the unavoidable evils and disappointments of life, and thus the brain, by being often and violently agitated, becomes diseased ; and by too early exercising, and prematurely developing the mental powers, this organ is rendered more susceptible and liable to disease.

“ I am confident there is too much mental labor imposed upon youth at our schools and colleges. There have been several admissions of young ladies at this Institution, direct from boarding-schools, and of young men from college, where they had studied excessively. Should such intense exertion of the mind in youth not lead to insanity, or immediate disease, it predisposes to dyspepsia, hysteria, hypochondriasis, and affections allied to insanity, and which are often its precursors. Should that portion of the community who now act most wisely in obtaining a knowledge of the functions of the digestive organs, and in carefully guarding them from undue excitation, be equally regardful of the brain, they would do a very great service to society, and in my opinion, do much towards arresting the alarming increase of insanity, and all disorders of the nervous system.”

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 6, 1842.

EDITORIAL NEGLECT.

PREFACING the necrological record of the late Dr. Doane, in the *Western Medical Recorder* for June, which was copied from this *Journal*, a delicate hint is given that those medical editors who aided in promulgating an article of intelligence in relation to a small difficulty between one of the faculty and a student of the *Lexington Medical School*, have not done their duty by contradicting the story, when they had learned that the paragraph was perhaps a newspaper article, greatly exaggerated, if not wholly untrue.

Now this may perhaps have all been intended for ourselves; but it may be only an unjust surmise, and we fully intend considering it a capital hit at those negligent conductors of the medical press, who seem to forget that there are other people in the world besides themselves. We were prompt, to a moment, when an official contradiction of the transaction alluded to, was received, to place it in the spot where manuscripts for insertion in the *Journal* are always placed, and we presumed that it had been inserted. On inquiry, however, to our sad mortification, we find that by some unaccountable mishap that particular piece has been mislaid. This is the sole reason of the report in question remaining uncontradicted so long.—It gives us no pleasure to witness the efforts of unprincipled men to destroy the reputation of a professional brother. All our humble efforts have in view the protection of the rights and privileges of medical men, in connection with the onward and upward progress of a science that contemplates the happiness of the whole human race.

Practical Pharmacy.—Very many practitioners, who may prescribe with skill, know little or nothing of the process of preparing a variety of their most efficient compounds. In fact, it is a question whether some of their most active remedies could be identified by themselves were they driven to the necessity of going to the shelf of the druggist to prepare them.

"To obviate this great defect," says the circular of the *University School of New York*, "arrangements are made with Messrs. Sands, two practical apothecaries, and a large, convenient apartment in the college building is appropriated to the object of giving each student an opportunity of becoming practically acquainted with the approved modes of compounding medicines, putting up prescriptions, and other manipulations in the laboratory of the practical pharmacist." This is decidedly an admirable idea, and the information that will be acquired by seeing, touching and tasting, in such an establishment, cannot be otherwise than permanently beneficial to all who have access to it.

Metallic Corslets.—If a mother should imprison a daughter in one of the metallic corslets used in some of the private institutions where it is

fashionable to send youthful female invalids—and do it as a punishment for some infraction of a law of the nursery, she would be denounced as a cruel, wicked, unnatural woman, and, ten chances to one, would receive a citation from the police judges, to answer for the offence. Yet a physician is not only permitted to rig these abominable brass bars on to the delicate bodies of young girls—but he is also allowed to keep them there for months together, against the plainest dictates of reason and common sense. To argue with people with a view to convincing them of the utter uselessness of such a contrivance, or to demonstrate the positive injury that in many instances must necessarily result from the mechanical effects of such a ponderous case of inelastic wall, is labor in vain. That a medical adviser should, however, be successful in imposing upon intelligent parents in this way, is really astonishing, and a fit subject for an instructive chapter in the future medical history of the world.

House for Invalids.—A prominent physician of Boston, in whom all have confidence, has some thoughts of establishing an institution in the immediate neighborhood of the city, for the special purpose of receiving patients, both male and female, with all kinds of diseases of the chest. Instead of one great edifice, an *omnium gatherum*, in which young and old, great and small, are usually congregated, as in ordinary hospitals, this gentleman contemplates a series of cottages or farm houses, as they may occur in the village that is selected for his sanitary labors, in which all may be accommodated according to their tastes, means, or special necessities, in their domestic arrangements. Carriages, athletic exercises, and indeed all the approved methods of invigorating and developing the body, especially when debilitated, are to be provided. Indoor and outdoor amusements, as the auxiliary measures in the general course of treatment, too numerous to particularize, are also contemplated. The salubrity of the air, the quiet of the location, the beauties of forest and field, and the ample provision for the individual comfort of each patient, are considerations of the highest importance to one seeking relief from the fearful approach of any disease of the vital organs. Lastly, medical advice, from a source which would inspire hope, if it were ever warrantable, would be found there.

Although we have as yet only been made acquainted with the general features of the proposed plan, it strikes us favorably, and we really feel considerable solicitude in regard to the time when the public may be notified of the proprietor's readiness to receive dyspeptics, consumptives, and those with organic affections of the heart, &c., from this crowded city.

Cancer of the Lung.—A woman, aged 40, laboring under a well-developed case of cancer in the lung, a form of lung disease which Laennec says he never noticed, and which is not referred to by any known medical writers, recently died at the University Hospital, under the care of Dr. Taylor. The cancer would doubtless have been confounded with tubercle, had not peculiar circumstances led to an extremely close scrutiny. The distinction was only marked by the surface of the matter infiltrated through the tissue of the lung, having in various places a pink hue, and being vascular, a distinction shown to be more decided on microscopic examination. The heart was somewhat atrophied, a circum-

stance supporting the remark of Louis, that the hearts of persons dying of cancer are smaller than those of persons dying of any other malady.—*London Medical Times.*

Opium.—Dr. Golding Bird related to the Westminster Medical Society, the case of a lady, 26 or 27 years of age, who had suffered for several years from an acute pain, coming on in paroxysms, in the region of the kidneys and loins, and for the relief of which she had resorted, seven years since, to morphia. She had two years since increased the dose to ten grains of acetate of morphia three times a day; she had continued that dose to the present time without any obvious ill effects; all the functions seemed to be properly carried on, and her appetite was good; there was no sign of organic disease present. He suspected the case to be one of hysteria.

Mr. Elliott related the case of a gentleman who took two drachms of opium daily, and that of a lady who took six drachms of the drug in the course of a week.—*London Lancet.*

Emetics in confirmed Croup.—M. Marotte, in a long article in the "Gazette Médicale," enforces the necessity of repeated and large doses of emetics, aided by local depletion, mild purgatives, and blisters, in decided cases of croup. Dr. Marotte agrees with Dr. Delaroque on the necessity of acting vigorously within the first two hours from the accession of the disease: thus, he commences by applying leeches, and whilst the patient is in a state bordering on syncope, he gives large doses of emetics, being indifferent as to the particular emetic administered, and follows them up with a blister, all within an hour or an hour and a half. If the first administration of emetics only produces temporary relief, they are to be repeated every three, four, or five hours, until a decided benefit is obtained.—*Ibid.*

Medical Miscellany.—The National *Ægis* says that Dr. Woodward will probably remain at Worcester, declining the office of Superintendent of the New York Asylum at Utica.—Is the Western Medical Journal, at Louisville, still published? We have seen nothing of it for months.—Mr. Ticknor has imported more copies of a splendid English work on materia medica.—A new edition of Bell's Anatomy is called for, revised.—Several melancholy cases of hydrophobia have occurred of late.

BOOKS RECEIVED.—"Homœopathy, with particular reference to a lecture by Dr. O. W. Holmes. By A. H. Okie, M.D. Boston."—"An answer to the Homœopathic Delusions of Dr. O. W. Holmes. By Charles Neidhard, M.D., Philadelphia."—Catalogue from the Castleton Medical College.

MARRIED.—At New Ipswich, N. H., Edward Spalding, M.D., of Nashua, to Dora E. Barrett, of N. I.—In Trinidad de Cuba, March 13, Dr. Don Justo G. Cantero to Donna Maria Monserrate de Lara, widow of the late Senor Don Pedro Yzruaga. Dr. C. resided in Boston a few years since, and studied medicine under the instruction of Dr. J. C. Warren.

Number of deaths in Boston for the week ending July 2, 23.—Males, 12; Females, 11. Stillborn, 4.

Of consumption, 2—scarlet fever, 1—infantile, 3—dropsy, 1—debility, 1—ulcers in the head, 1—measles, 2—drowned, 1—suicide, 1—hooping cough, 1—worms, 1—erysipelas, 1—dropsy in the head, 1—old age, 1—apoplexy, 1—fits, 1—inflammation of the bowels, 1—bleeding at the lungs, 1—sudden, 1.

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.
 JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.
 DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
 CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.
 JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.
 ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.
 WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.
 EZRA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.
 JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$3.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon by the class.

Castleton, Vt., May 26, 1842.

Je. 29.—1A4

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston.

Je 29—eptm

JOHN JEFFRIES, Secretary of Censors.

SURGICAL INSTRUMENTS.

MAYNARD & NOYES, wholesale druggists, 11 Merchants' Row, have constantly on hand a full assortment of Surgical Instruments, which they will sell to physicians and dentists at a small advance on manufacturers' prices—consisting in part of the following:—Amputating, trepanning, midwifery, dissecting, dental, hydrocele, eye, lachrymal, pocket, stomach, injecting, cupping and breast instruments, in cases. Scarificators, silver male and female catheters, gum-elastic catheters, bougies, pessaries and nipple shields. Suspensory bandages, silver and brass spring lancets, thumb and gum lancets, tourniquets, tonsil instruments, trocars, stethoscopes, trusses, needles, extracting instruments in cases, turnkeys; Flagg's teeth forceps, 12 patterns; teeth forceps, straight, curved and hawk-bill shape; tooth punches, borers, pluggers, scrapers, hooks and files, platina wire, gold and tin foil.

Je 1—lamly

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed gratis. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$12. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by	DIXIE CROSBY, M.D.
Materia Medica, Medical Jurisprudence and Medical Botany, by	EDWARD E. FRASER, M.D.
Chemistry and Pharmacy, by	OLIVER P. HUBBARD, M.D.
Theory and Practice of Physic, and Pathological Anatomy, by	JOSEPH ROBY, M.D.
Anatomy and Physiology, by	EDMUND E. FRASER, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.
 ALONZO CLARK, M.D., Professor of General and Special Pathology.
 MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.
 FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.
 BENJAMIN E. PALMER, M.D., Professor of Anatomy and Physiology.
 CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.
 HON. JACOB COLLAMER, A.M., Medical Jurisprudence.
 JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$12. Board, from \$1.50 to \$3.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 22—1A

H. H. CHILDS,
President.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—

D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JULY 13, 1842.

No. 23.

RAMOLISSEMENT OF THE BRAIN.

BY WILLIAM ALEXANDER, M.D.

JOHN SMITH, aged 11, of spare habit and sallow complexion, for eight months complained occasionally of headache, chiefly referred to the forehead, which increased in severity during the five weeks preceding death, coming on in paroxysms of short duration, with intervals of two or more hours, though never entirely free from pain. When free from a paroxysm, he walked about, and amused himself with his companions; latterly he became inactive, his gait constrained, carrying his head steadily as if fearful of moving it; attended school regularly till within eight days of his death, and had never been confined to bed an entire day; appetite good, but had vomited, immediately after his meals, for fourteen days before death; bowels confined, with occasional griping pains; urine scanty and high colored.

I was called to see him for the first time on the 3d of July, 1841, and found that he had shortly before vomited some blood, mixed with mucus and bile, and was standing holding his head with both hands, complaining of great pain in the forehead, which abated in a few minutes; the face was much flushed, but became pale, with an expression of sadness on the cessation of the pain; the eyebrows were contracted; the eyes dull and heavy; the pupils dilating but contracted to the light of a candle, and the upper eyelids relaxed; heat of skin natural; pulse 70, and firm; much throbbing of carotids; no secretion from nostrils; the Schneiderian membrane redder than natural; tongue white, and no thirst. Has had no medicine, except a few "worm powders." Ordered the head to be shaved, six leeches to be applied, and four grains of calomel at bed-time.

The calomel was given, and operated twice, after which the headache and vomiting ceased. The father did not think it necessary, therefore, to shave the head or apply the leeches; and on the 4th took him to a neighboring town. On the fifth he again took him to a town five miles distant; he seemed to enjoy himself, walked all the way home, having had only one paroxysm of headache, and vomited once during the day. During the night he became restless, and complained of headache, but slept towards morning; a few minutes before 11, A. M., he awoke, complaining of the headache; a little girl only being in the house, went out to apprise his father; but before he arrived the boy had expired, apparently in the entire possession of his faculties.

Inspection, forty-eight Hours after Death.—No emaciation ; countenance placid.

Head.—The sinuses of the dura mater, gorged with a dark-colored fluid blood. That portion of the arachnoid lying over the middle lobes of each hemisphere showed several opaque spots. The pia mater was unusually vascular, and its vessels contained numerous bubbles of air. The convolutions much flattened; the cineritious matter of a pinkish hue; the medullary matter, when cut into, presented an immense number of bleeding points.

The ventricles contained three and a half ounces of a limpid fluid. The choroid plexuses were firm and vascular, and did not present the usual blanched appearance when fluid has been present. The whole floor of each lateral ventricle, and a small portion of the anterior lobe of the right hemisphere, were in a complete state of ramolisement, the parts being reduced to a greyish-colored, pulpy mass; the other parts of the cerebrum were healthy. The left lobe of the cerebellum was healthy. On cutting into the right lobe it was found to consist of an apparently healthy shell, as it might be called, varying from a quarter to half an inch in thickness, the central substance being reduced to the consistence of pus; and imbedded in this was a tubercle as large as a walnut, rather oblong, nodulated, and grey in color, the external covering resisting the knife; internally it presented no trace of organic structure, and resembled the medullary matter of healthy brain. The corpus olivare of the right side was much enlarged and firm. The medulla oblongata very firm. A considerable serous exudation in the spinal sheath: other organs not examined.

The absence of severe symptoms and the sudden dissolution are the points worthy of observation in this case. The headache and vomiting were the only symptoms, showing that a guarded prognosis ought to be given when they are present in anomalous cases. The experiments of Flourens, Serres, Magendie, Bell, and others, would lead us to expect that such a state of brain would produce either vertigo, convulsions, rigidity of extremities, strabismus, optical delusions, blindness, deafness, impaired or increased sensibility of skin, aphonia, loss of muscular power, aberration of mind, yet one and all were absent; and we have seen that the patient continued at school till a few days before death, and on the night before his death walked five miles. I might extend this paper by reasoning on these physiological observations, but it would be an unsatisfactory labor; and although from the acknowledged talents of the observers, I cannot say "*experientia stultorum magistra*," still this and similar cases show that we have as yet scarcely begun to deduce correctly the morbid state of the brain and nervous system from symptoms during life.—*London Lancet*.

THE LATE DR. HOLBROOK.

[THE following particulars respecting the life and character of this distinguished physician, whose death we lately announced, are copied from

the Courier, of this city. They appear to have been drawn up by one who was familiar with the history and who knew the worth of the venerable subject of his remarks.]

Nearly seventy years of the long and useful life of this eminent physician were spent in the practice of the medical profession. Dr. Holbrook entered upon his career with but little previous preparation; but he made up for the want of the advantages of education in youth, not only by experience and skill acquired while he was a surgeon in the continental army, and by an extensive practice in Milton and the vicinity, but by a remarkable devotion to the study of his profession, early begun and continued to the last year of his life. By this course of self-teaching, he acquired a deservedly high reputation, and was honored and respected both at home and abroad.

He was born in the town of Bellingham, in this State, on the 23d of January, 1754. At an early age he began the study of medicine, under the direction of his maternal uncle, Dr. Metcalf, of Franklin, and subsequently pursued it for a short time in Providence. In August, 1775, he joined the army, at Cambridge, in the capacity of surgeon's mate to the regiment commanded by Col. John Groaton. Having passed a satisfactory examination in March, 1776, he received a commission as surgeon in the same regiment, and soon afterwards accompanied it to New York, and embarked for Albany, with the troops destined to reinforce those that were engaged in the expedition to Quebec. The unsuccessful issue of the campaign in Canada compelled them, after reaching the mouth of the Sorel, to retreat to Ticonderoga. Dr. Holbrook was transferred to Col. Joseph Vose's regiment, which he followed into New Jersey. He was obliged, in March, 1777, to apply for a discharge, in consequence of ill health, and returned to Massachusetts. Immediately afterwards he went to Milton, where he was induced to establish himself by the advice of Col. Vose and other officers belonging to the same town, with whom he had become acquainted in the army. A severe attack of fever and ague, contracted probably in his previous campaign, led him, towards the end of the summer, to try the benefit of a sea voyage; and having obtained a situation as surgeon in a letter-of-marque, commanded by Captain Truxton, he sailed for the coast of Europe, visited France, where, being detained several months in port, he spent his time in seeing practice in the hospitals and improving himself in the knowledge of his profession, and returned to Milton, after an absence of rather less than a year, in perfect health.

Soon after his return, Dr. Holbrook succeeded in establishing temporary hospitals for the reception of patients inoculated with the small-pox; and by this means became known to the people of the town. Prepossessing in appearance, pleasing in his manners, possessed of great bodily activity, and ardent and indefatigable in attention to business and in the pursuit of knowledge, he soon found himself well established in a practice, which gradually and constantly increased from year to year. He was, indeed, eminently acceptable as a physician. His very presence in the sick chamber and the soothing kindness of his address seemed to give hope to his patients, and inspired confidence in their

friends ; while his assiduous attentions to the sick of all ages and conditions, and his sympathy with the afflicted, alleviated suffering and afforded consolation when the resources of art failed to arrest the progress and fatal termination of disease. He was always prompt to answer every call, and much of his time was spent in gratuitous services.

Though his disinterested benevolence and indifference to pecuniary compensation prevented Dr. Holbrook from accumulating wealth, he was rich in the blessings of the poor, who, but for his timely help, were ready to perish, and abundantly shared in the happiness which he so liberally bestowed. He took a very active part in promoting public vaccinations, though attended with a considerable pecuniary sacrifice to himself : and the town of Milton, where he resided, was the first, in a corporate capacity, to extend the benefits of vaccination to its inhabitants ; three hundred and thirty-seven of whom, of all ages, from two months to upwards of seventy years, being more than a fourth part of the whole population, were vaccinated by Dr. Holbrook in the year 1808. Twelve of these persons were subsequently tested by himself with smallpox inoculation, and in due time were discharged, after successfully resisting the infection. For many years in succession he continued these public vaccinations in Milton, and kept a record of the names of those persons who passed through the disease satisfactorily. His benevolent exertions in this cause, and his general reputation, procured him, in the year 1811, the honor of an election as foreign member of the Medical Society of London, and of the Literary and Philosophical Society of Preston, in England. He was for many years a Counsellor in the Massachusetts Medical Society, and also filled for some time the office of its Vice President : and in the year 1813 he received the honorary degree of Doctor in Medicine at Harvard University.

Blessed with a vigorous constitution, Dr. Holbrook was enabled, with little intermission, to endure all the toils, by day and by night, of a laborious profession, till he was nearly 80 years old ; after reaching this advanced age, and till within a few years of his decease, though his strength was much impaired by repeated and alarming attacks of sickness, and he suffered daily from an incurable organic disease, he continued to yield to the solicitations of patients who required his services. For several months he had been conscious of an increasing difficulty in respiration, especially on exertion ; but it was not till near the end of December last, that this became alarming to his family. The nature of his disease was now apparent to others, as it had been to himself, and under it he gradually wasted away. He occasionally took exercise in the open air, and on the very day before his decease he was able to ride out, and to tender an office of kindness to a young and suffering friend. His faculties, with scarcely diminished vigor, remained with him to the last moment, when, without a struggle, he expired.

ON THE EMPLOYMENT OF THE CHLORIDE OF ZINC AS AN ESCHAROTIC.

BY ALFRED M'CLINTOCK, Esq.

THE following cases, in which the chloride of zinc was employed, occurred in the County Louth Infirmary, under the care of Dr. Brunker. The manner in which the chloride of zinc was used was similar to that employed by M. Conquoin, who first introduced this remedy into practice: one part by weight of the chloride, and two parts of flour, were mixed together by adding a sufficient quantity of water to form them into a paste; this was spread over the entire surface of the diseased part, care being taken to prevent it coming in contact with the healthy structures in the neighborhood; a piece of dry lint was then laid on, and lastly, a piece of thin bladder, moistened, was placed over all and secured with strips of adhesive plaster. The patients were confined to their ward but not to bed.

CASE I.—John Maguinness, *ætat.* 55, a stout, healthy countryman, was admitted 19th May, 1840, with a cancerous tumor, of a globular form, and about the size of a walnut, situated on the superior part of the pinna of the right ear; states that it began like a wart nearly four years ago, since which time it has gradually been increasing, and has become the source of much pain and annoyance. Its surface presents no peculiarity beyond what is usually observed in cancerous tumors, namely, being rugged, slightly fissured, and of a dirty brown color, hard to the touch, and firmly attached to the subjacent parts. He got a purgative draught upon admission, and on the following day the paste was applied in the manner already described, over the entire extent of the morbid growth.

21st. Complains of a great increase of pain, which he says deprived him of nearly all rest. No acceleration of pulse—some redness immediately about the base of the tumor.

22d. Pain much less, somewhat more redness.

23d, 24th. Pain continues to diminish; a small line of separation beginning to form around the attachment of the tumor.

25th. (Fifth day since application of paste.) The slough came away in a dry, shrivelled state, except at the surface of the attachment, and bringing with it the entire of the disease. The ulcer left presented a healthy appearance, and was simply dressed with dry lint; the processes of granulation and cicatrization went on very favorably up to the 4th of June, at which time he left the hospital; however, only a very small portion of the ulcer remains uncicatrized. The shape and figure of the ear are not, in any way, altered.

The second case was in a man, *ætat.* 33, who had an ulcer rather larger than a sixpence, nearly circular, and having rounded edges, its surface smooth and glazed, of a dusky red hue, and destitute of any distinct granulations. It was not painful, and very slow in its progress, and had resisted various treatments. A thin stratum of the chloride of zinc paste was spread over it. During that night and the following day he suffered great pain. The slough separated on the sixth day, leaving a small

portion of the bone exposed, the exfoliation of which protracted the healing of the part.

In the third case the man was 57, of a healthy constitution, having a cancerous tumor on the left side of the nose, of three years' standing. He suffered lancinating pains in it. The base of the tumor was as large as a fourpenny, its surface elevated and convex, of a dirty brown color, and rough, the attachment to the subjacent parts firm, no discoloration of the surrounding skin. He suffered pain for near three days after the application of the paste, and suffered slight constitutional disturbance, marked by rigor and nausea. The slough separated on the fifth day. The sore was healed on the eighteenth day.

These two last cases have since been under Mr. M'Clintock's observation, and there has been no return of the disease. He has lost sight of the other case.

In commenting upon the result of the above cases, he remarks :

1st. That in each of them the application was productive of much pain, which lasted for twenty-four or forty-eight hours, after which it began to diminish.

2d. In only one instance, were there any symptoms that could be considered indicative of constitutional disturbance, and they were such as generally usher in an attack of erysipelas ; such, however, did not supervene, as these unpleasant symptoms disappeared under the use of simple remedies.

3d. In two of the cases the slough separated on the fifth day, and in the other on the sixth. The ulcer left, in each instance, was remarkably healthy, and cicatrized rapidly ; so far confirming Dr. Ure's account of this escharotic in the "Cyclopædia of Practical Surgery" Art. "Caustics."

4th. The action of the chloride in both the cases of cancer was exclusively confined to the morbid structure, and destroyed it to its entire extent. In contemplating these two facts, the conclusion is forced upon our mind, that the chloride of zinc exerts a specific action upon the cancerous growth.—*Dublin Jour. of Med. Sci.*

DR. GILBERT'S REMARKS ON SCARLET FEVER.

[Continued from page 325.]

It is my object to give an account of scarlet fever as it has come to my observation, with some brief remarks. The necessity of clearly understanding the nature and seat of a disease, before we attempt to subvert it, cannot be too strongly impressed upon every medical practitioner. Inattention to this essential caution often leads to error. There are certain appearances in the living body by which we might suppose the nature, the stage and result of each disease pointed out. We must give close attention to all the phenomena that happen, in the living body, in health and disease, and that appear after death, if we expect to manage the vital powers with *skill* and *judgment*. They are the real and unerring means by which we arrive at truth, and we must know and study

them if we wish to disentangle ourselves from the web of confusion, that is held out in text-books, as practical rules and assistants.

With this general knowledge, what may be said to uniform treatment in scarlet fever? Are there any principles to direct our judgment on the points of treatment, at an early period of the affection, so as to arrest its severity? If there are, it certainly will require experience and sagacity to apply them. Do not facts prove to us, beyond the power of contradiction, that under certain circumstances, the expectant treatment is not only safe, but decidedly the best? But facts also prove, that under certain circumstances it will not do to rely wholly upon the expectant treatment. If this be true, to make the distinction in cases is an important consideration. But to know what to do, to effectually arrest the severity of the disease, and prepare the system for the safe expectant treatment, is a still greater consideration. This the individual practitioner has got to learn himself. The medical attendant, when he sees a certain description of case, going on to admiration, under the expectant treatment, is justly delighted, and cannot resist the impulse of thought, what a fine thing it would be if all the cases would cure themselves; and is liable to become too indifferent, and rely too much upon the wonderful recuperative power of the system.

I have applied myself, with all the ability I possess, to the consideration of scarlet fever, and have arrived at definite conclusions. Some of the observations that I have made may be amusing rather than interesting; but I will give them in order. I soon became convinced that the temperament of the individual had much to do with the severity of the affection, from the fact that disasters were most frequent among lively children. I turned my attention to healthy individuals, to notice some of the most simple physiological actions that had a resemblance to scarlet fever, and see if there was anything peculiar about them. I observed that blushing had some resemblance to it; that it was peculiar to certain persons; that they had peculiar vital properties; that they had an exalted nervous temperament, and when young were very plethoric; that the impulse of thought excited them much; that they were easily frightened, and liable to faint; that all this went off as the vitality became exhausted, and they again appeared in their natural state. I observed many cases of scarlet fever so mild that there did not appear to be much of anything more than a blushing; that it all went off as the vitality of the system became exhausted. I observed this class of individuals, and I found that they had peculiar vital properties; that their temperaments were not of the above description. I observed other cases of scarlet fever, where all the phenomena advanced in a rapid degree, and that there was sooner or later a great loss of the properties of vitality. It was observed that this description of cases happened in individuals of peculiar vital properties; they had exalted nervous temperaments, were very plethoric; when in health would blush easily, were liable to faint, and were frightened at a shadow.

After observing a great many similar facts, it appeared to me that I had found a class of individuals, among whom a great majority of the severe and diastrous cases of scarlet fever happened. It also appeared to me

that there was no difference in the nature of scarlet fever—that the difference in the cases was owing entirely (in the beginning) to the constitution of the individual; and, that the great variety of phenomena that happened during the process, was more owing to treatment than anything else. It also appeared to me, that we had indications to direct our judgment on the points of treatment, at an early period of the affection, so as effectually to arrest its severity, and place it upon a uniform, or the safe expectant treatment. These were early to subdue this exalted temperament, so that the *child* shall not be so susceptible to the excitation of the morbid impression. The means, the time, and the extent to which this should be done, will depend upon the experience, sagacity and judgment of the physician.

Conclusions.—The results to which my observations have led me are, that scarlet fever is one of those affections that dispose one part of the body to be affected more than another; that the throat is the part locally affected, the constitution sympathizing; that the nature of this local affection is inflammation; that the process becomes hurried in some description of temperaments, and not in others; that violent exertions, excitations and stimulants, induce a disposition to inflammation, and hurry the process when it exists; that the powers may become so much reduced by art that inflammation cannot take place, or, if it has taken place, that it will terminate by resolution; that if inflammation is very much hurried, it may terminate by mortification or otherwise; that when upon mucous membranes, as in scarlet fever, inflammation may go through the process of ulceration, causing canker, so called; that the throat being an important apparatus to the individual, ulceration should not be allowed to take place in it, and consequently the proper means, in the beginning, under certain circumstances, must be energetic; if they are so, the local affection will terminate by resolution, and all things pass off, under uniform treatment, without disasters.

Is that indication of treatment that attempts to subvert the diseased action of scarlet fever, by inducing in its stead its own peculiar action, well founded in principle? Is not the action of scarlet fever too quick for the process? Is it justly condemned? It is.

Is that indication of treatment well founded in principle, that anticipates debility in the acute or early stage of scarlet fever, and attempts to prevent it by giving stimulants? It appears not to be, and is condemned.

Mercury has the power to subvert many chronic diseases, by substituting its own action; but it may be a question reasonably asked, has it the power to subvert an acute morbid affection? If it has not, upon what principles is it given in scarlet fever? I cannot find good reasons for giving it at all, and it appears to me to hurry the process, without subverting it.

Some physicians have in view three distinct indications of treatment in scarlet fever:—1st. To diminish the force and extent of the local affection, produce resolution, and moderate the constitutional affection. This is well founded in principle, and is right. 2d. They attempt to support the vital powers of the system, by excitants and stimulants, so that the affection can go through its process without too great debility,

or a typhoid state. There is no good sense in this; such indications of treatment are not well founded in principle; they are the very cause of that condition. It is, in my judgment, wrong. 3d. They guard against causes which may increase, hurry or interrupt the affection, and allow the process to go on. This is well founded in principle, and under certain circumstances is all that is required. It is right.

The expectant treatment never should be relied upon, in subjects of exalted nervous, plethoric, and phlegmatic temperaments, however young the patients or mild the symptoms in the beginning. The active method of diminishing the local affection, should be resorted to with various force, according to the age, habit, &c. The object is to promote resolution, and if the early opportunity is neglected in those peculiar temperaments, we may find it too late. If thus early treated, the uniform, mild treatment of moderating the constitutional affection, can be relied upon with great safety. There is more reason of preserving a uniform treatment in diseases of children than in those of adults, because they are generally healthy, and there is no other indication to be pursued than that which relates to the affection.

DANIEL GILBERT.

Boston, July, 1842.

Errata.—In Dr. G.'s last communication, on page 326, line 10 from bottom, and on page 327, line 16 from top, for tightly read lightly; page 327, line 8 from bottom, for 20 read 201.

TREATMENT OF RENAL DROPSY.

[DR. R. DAY, of Leicestershire, Eng., throws out the following suggestions in the *Lancet*, respecting the treatment of renal dropsy, which disease he considers is too often injudiciously treated by diuretics.]

Being an oldish (nearly five years) pupil of one of our large metropolitan hospitals, I have seen a goodly number of these cases under the care of different physicians, and the mortality has not only been great (I am well aware of the serious nature of the disease, as also of the importance and necessity of sound kidneys to a sound constitution), but I consider prematurely so, and, I am confident, aggravated by the diuretic plan.

To state the case and draw the inference is easy. We have a patient laboring under a considerable degree of anasarca (we will suppose the heart and liver unimplicated), the complexion exsanguineous; he complains of great debility; urine copiously albuminous, often pale in color, and of a dirty aspect, small in quantity, and of low specific gravity, 1.006 or 1.008, sometimes higher; there is more or less uneasiness in the back, with distress and flatulency in the bowels, accompanied by a good deal of languor and lassitude of body and mind, the integuments pitting on the application of moderate pressure. These symptoms would pathognomize an irritable state, to say the least, of the kidneys. I conceive it stands to common sense that diuretics would and could only tend to concentrate the already morbid influence (be the pathology of the disease what it may) to these organs, and thus exasperate, by virtue of

the increased quantity of blood and other stimuli to which the kidneys must be exposed ere the urinal secretion could be eliminated or augmented. Besides, whether this statement be correct or no, in a considerable number of cases (upwards of a dozen, at least) the diuretics did not act. I have seen draughts containing tincture of squills, tincture of cantharides, infusion of digitalis, bichloride of mercury, spirits of nitrous ether, and compound spirits of juniper, repeatedly given, for days, without the slightest increase in the urine, but the patient evidently getting worse. I have seen these drugs exchanged for the elaterium, and the sufferer rapidly sink.

The remedies most appropriate to the condition of system above evidenced, would be undoubtedly of a tonic class, and to these I confess I should look for aid; light bitters in the first place, and light steel medicines subsequently.

In one case only have I seen the latter, in the form of steel-wine and ammonia, given, and with decided advantage. The patient's death was daily expected from the commencement of his admission; he was worse, to all appearance, than many of his cotemporaries; which latter, under the plan above condemned, have died (some two or three months since), and himself, under the tonic system, has survived five or six months, and was alive a month ago, since which time I have not seen him. He has had, during this long interval, all the symptoms of chest effusion, and benefited by the tartar-emetic, which nauseated him, and caused once or twice a rejection of ingesta from the stomach. I feel assured he would have ceased to exist long since had he been put upon the usual routine.

It has been long known that tonics sometimes act as diuretics, and their mode of action is obvious; they recruit the exhausted and worn-out state of system consequent on the renal disease, and put it in a condition to grapple with what is wrong, and thus remedy in a measure that particular set of vessels from whose deficiency of action arises one effect of the disease, namely, anasarca, which is removed by the natural outlet in the form of an increased secretion of urine. The bitartrate of potassa might be employed as an auxiliary to the tonic plan. I see no objection to wine, white or red, as preferred by the patient, discarding gin, unless I saw reason to resort to it, and light animal diet in place of a more insipid one. Porter might be allowable.

As I am on diet, I should wish to append an observation or two. At some of our infirmaries fish forms a part of the dietary. Let any one, even in health, sit down to this comparatively insipid article of nourishment; let him be confined thereto for several days (sometimes to patients it happens weeks), would not his stomach be clogged and his digestion impaired by reason of want of an agreeable stimulus, such as is furnished by sauce—what matters if it be anchovy or other grateful adjunct? How much more is digestion likely to be interfered with in a stomach already weakened and unable to perform its office. Even the old dyspeptic often takes a little wine, or brandy, or hot coffee, to assist the digestive process by the stimulus that the one or the other conveys to the stomach. Will it be said that sauce (and you will find lots of patients leaving a large portion of their fish, and saying they cannot eat it because it is so

tasteless—their own words) is too much of a luxury for a hospital? or, to put a more charitable construction, too expensive? I reply, drop one of your doctor's draughts (in each patient so circumstanced), and I guarantee the hospital, and doctor, and patient alike will be gainers by the change.

As this paper has already extended to some length, and embraced an important form of dropsy, viz., renal, I shall, with your permission, at some future period, direct attention to those other equally important dropsies dependent upon enlarged heart and diminished liver; and if not able to suggest much for their treatment, at least to state what is prejudicial.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 13, 1842.

SARATOGA SPRINGS.

So many scientific observations have been made on the medicinal character of the different fountains at this celebrated watering place, that nothing particularly new or important in relation to them is to be expected from one who has merely passed over the ground, without the intention of being very methodical in his remarks.

Although invalids have visited Saratoga for half a century, with a hope that their various maladies might be subdued by the healing properties of the springs, it is certain that there has been a woful lack of knowledge, till of late, with respect to the class of diseases in which these waters are positively beneficial. It is not a little singular that the resident physicians of Saratoga, before Dr. North established himself there, made no acceptable effort to enlighten the public. Strangers—some of whom were actually foreigners—labored with more zeal in this respect, than the physicians of our own country. But a happy revolution has been effected, of late, and we may now indulge an expectation of being informed on all points of consequence to the profession to understand, in directing their patients to a spot so celebrated, at least in the annals of fashionable life. Being on the spot at the moment of making these remarks, we are enabled to collect some facts of general interest; yet they are by no means so minute, in a statistical view, as the mere student might desire.

Saratoga, at the present time, contains a permanent population of about 2500, which is steadily increasing. Pecuniary troubles, the present bane of the whole union, have not been felt there till within the last three months. The universal scarcity of money may indeed be inferred by all who have heretofore witnessed the throngs of visitors at this place. The multitude, however, rarely rush in till after the fourth of July. Various recreations, such as the use of a circular rail-way and bowling alleys, riding, walking, fishing, dancing, &c., are pursued by the sick and well, in the proper, or, as it is familiarly called, the fashionable season. Since the discovery of the Iodine and Pavilion fountains, there is a range

in the chalybeate strength of the waters of the nine dipping places, from one to seven grains of carbonate of iron in a gallon. This discovery has made intelligent invalids anxious to procure proper and safe medical advice, that a too rapid increase of tone may not utterly foil their hopes, by rendering a further use incompatible. In atonic, feeble cases, especially when combined with neuralgia, the tonic effect of the strongest water is exactly adapted; and when combined with short, but frequent immersions in very hot mineral baths, followed by cold showerings, after two or three weeks, the effects are declared, by a judicious practitioner, to be exceedingly happy.

Curious as it may appear, the hot baths are now considered, at Saratoga, to be positively efficacious, and indeed, in some instances, truly wonderful in general neuralgic pains. In inflammatory cases, however, the lowest chalybeate spring is now advised in conjunction with calomel, blue pill or antimony.

These are but hints, simply intended to remind our professional brethren, who are in the habit of sending their chronic patients to Ballston and Saratoga, what may and can be accomplished, under the guidance of elevated medical advice; we do not consider it at all necessary to descend to tedious particulars.

Board is procured at Saratoga at all prices—from \$2.25 per week in the borders of the town, to \$12 in the numerous hotels, some of which are conducted on a grand and truly imposing scale of magnificence, when the arrivals are sufficiently numerous to warrant it.

Several excellent general practitioners reside in the immediate vicinity of the principal springs, viz., the Congress, High Rock, Flat Rock, Iodine, &c. Dr. M. L. North, however, formerly of Hartford, Conn., holds a very prominent position in the estimation of all discreet, reflecting strangers. His thorough familiarity with the exact chemical properties of the waters, together with an intimate acquaintance with the nature of the cases upon which he is most frequently consulted—a kind of knowledge that is appreciated—has contributed to enlarge the circle of his personal influences, till not to know Dr. North, is an evidence of not having derived all the advantages that are attainable while sojourning at Saratoga. There are several other excellent physicians, residing there, we are informed; but their active devotion to an extensive general practice precludes the possibility of their attending so closely to the study of the precise effects of the mineral waters, in each and all cases, as Dr. North, who confines himself exclusively to that one department.

A Cheerful Physician.—A morose, sour, cheerless-looking physician is never loved by invalids. Necessity may oblige them to cling to him in an hour of peril, simply because there is no hope without the guidance of a medical attendant. But the current always runs in favor of a smiling face, notwithstanding the common mistake of mankind that wisdom is ensconced behind the battery of a hard, forbidding countenance. Those physicians who play the owl through life, looking always gravely on the fair world, as though it were an undignified condescension to smile, are often perfect hypocrites. If it were as easy to analyze their moral feelings as it is their facial expression, some of them would have a very slender hold upon society. Every honest man despises what are called tricks in trade—yet, disgraceful as it is, we fear the attempt is too often

made to extend a professional reputation by positive trickery. Peculiar religious austerity of manner is the lion-skin disguise of one; marvellous solemnity of manner on the most trivial occasion, belongs to another; marked reservation, which forbids the actor to give an opinion on any account, lest it should, under some possible combination of circumstances, offend somebody, and thus interfere with the plan he has devised for rising to professional distinction, is still another mode. It would be an arduous undertaking to particularize the different phases of an artful medical aspirant, to obtain his objects of ambition.

These acidifying faces in many instances cover up a bad temper: when their scheme of operations happens to be interrupted by some unforeseen accident, the belchings of a volcano are not more terrific or threatening in their aspect. Atrabilarian practitioners, therefore, are unhappy men. Life wears away, and they at last discover that in playing a character behind the scene of a gloomy face, it has been more perplexing than profitable. The cheat is invariably found out in process of time, and although they may alternately be laughed at for their folly and despised for duplicity, it is too late in the day to assume a new character.

Jealousy, also, is a predominant element in the character of the cheerless, unsocial physician. It makes him wretched to see a rival thrive. If that rival gains friends through the exercise of those social qualities which elevate humanity, and which, tempered by delicacy of thought and elegance of manner, refine as well as instruct those who come within the sphere of his influence, the bile of secret jealousy, under the cover of such a face as has been designated, grows hot within him. He cannot abide a system of manners like his own, because he knows the hollowness of the device; and if a more generous and open deportment characterize one whom he has ordained to be a professional foe, then the cauldron of his wrath boils with intense fervor.

Those physicians who cultivate cheerfulness, and study to promote rational, social enjoyment in their intercourse with the sick, will secure their own happiness while they add immeasurably to that of others. Above all things, it is essential not to have the reputation of building up a practice by cunning, deceptive influences, through the instrumentality of a hypocritical face.

Account of Alexander Cruden.—Alex. Cruden, compiler of the "Concordance to the Old and New Testament, 1st edition, 1737, dedicated to the Queen," born in Aberdeen, 1701—diligent, pious, kind, of simple character—had hardly finished college studies when he manifested insanity. In 1722 he went to London, and for some years lived as private tutor; 1732, opened a book-shop and became corrector of presses, by varied knowledge, accuracy and punctuality, to good account. He sanguinely expected to have received from the Queen a handsome gratuity. She died a few days after she received the presentation-copy of his Concordance. Soon after, his mental malady recurred with violence. Was it from prostrated hope, or cessation from stated assiduous labors by completion of his work? or both? He was confined from March, 1738, 69 days; escaped, and published his account of it in a pamphlet; June 27, 1739, instituted action against Dr. Munro, &c. The action failing, he published an "account of the Trial, and of several persons unjustly confined in private mad-houses, showing the need of legislative regula-

tion." Immediately after, he was tranquil; his mind became tolerably settled, he resumed correction of the press, superintended the printing of several Latin and Greek authors with strict accuracy. His calm lasted some years. In 1753 his infirmity reappeared, and he was put into an asylum. On liberation, he commenced an action against the confining parties. The action failing, he published a second part of his "Adventures." In 1761 he became corrector of Woodfall's celebrated "Public Advertiser," requiring constant attention, and strict method night and day; till death he was an active, useful member of society. It is questionable whether it was, at any time, expedient strictly to confine him.

The Utica Asylum for the Insane.—We mentioned, last week, that Dr. Woodward had declined accepting the appointment of Superintendent to this new and extensive establishment. From the account which was given in this Journal, some weeks since, of the buildings of the institution, it is evident that much yet remains to be done before the plans of the Legislature can be fully carried out; and under these circumstances, it is not, perhaps, to be wondered at that Dr. W. should decline accepting the station to which he was invited. The managers have conferred no small honor both upon Dr. W. and themselves in endeavoring to secure, at so distinguished a post, the services of one so well qualified for the discharge of its arduous and important duties.

New York Medical Gazette.—We are sorry to perceive the following announcement in the last No. of this periodical, which has been published weekly, for the last year, in the city of New York.

"It is with unfeigned regret that the Editor of the New York Gazette announces to his subscribers, that the publication of the Gazette will cease with the present No. The causes which make this course unavoidable are simply these: within a few days events have transpired which convince him that he cannot, with due regard to other and more imperative duties, continue to edit the Gazette. Nothing remains then but for him to beg the indulgence of his subscribers for this abrupt announcement, to thank them and his contributors for the liberal aid they have afforded him, and to bid one and all farewell."

Snake Bites.—Professor Drake, of Louisville, wishes physicians to communicate to him such facts concerning the bites of our venomous snakes, as may have fallen under their own observation, or that of persons qualified to observe. He is especially desirous of learning whether the symptoms produced by the bite of the rattlesnake, the copper-head, and the prairie rattlesnake, are the same; whether there is an annual recurrence of any of these symptoms; and to what extent confidence should be placed in the efficacy of those native plants which have been recommended as antidotes.—*Amer. Jour. of Med. Sciences.*

Medical Schools of the West.—Next winter there will be seven medical schools in operation in the Valley of the Mississippi and the Lakes. They belong to four States, as follows:—In Kentucky, the Medical Department of Transylvania University, and Medical Institute of Louisville; in Ohio,

the Medical College of Ohio, and Willoughby University of Lake Erie; in Missouri, the Medical Department of Kemper College, and the Medical Department of the University of St. Louis; in New Orleans, the Medical College of Louisiana.—*Western Jour. of Med. and Surg.*

Treatment of Ulcers between the Toes.—Dr. Schlesier says that an invariably successful method of treating this affection, whether it have a syphilitic origin or not, is to sprinkle them thickly day after day with red precipitate, and then to cover them with dry charpie. The cure is generally effected in a few days.—*British and Foreign Medical Review.*

BOOKS, &c., RECEIVED.—"A Treatise on Strabismus. By J. A. Bolton, M.D., Richmond, Va."—"Catalogue and Circular of the College of Physicians and Surgeons of the University of New York."—"Zeitschrift für die gesammte Medicin," &c., Nos. 1 to 12, from Hamburg.

Number of deaths in Boston for the week ending July 9, 84.—Males, 18; Females, 16. Stillborn, 1.

Of consumption, 4—drinking cold water, 1—pleurisy fever, 1—scarlet fever, 7—apoplexy, 1—infantile, 5—marasmus, 1—dropsy, 1—scrofula, 1—intemperance, 1—accidental, 1—phthisic, 1—drowned, 1—debility, 1—old age, 1—hemorrhage of the lungs, 1—smallpox, 1—throat distemper, 1—lung fever, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. June	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun.	P.M.	Sun.	Sun.	P.M.	Sun.			
1 Wed.	48	67	65	29.39	29.46	29.53	N W	Fair	
2 Thur.	44	72	67	29.61	29.64	29.63	N W	Fair	
3 Frid.	46	67	63	29.60	29.60	29.58	S	Fair	Circle round the sun.
4 Satur.	43	73	66	29.49	29.42	29.35	S W	Fair	Fog in the low lands.
5 Sun.	60	76	72	29.32	29.27	29.21	S W	Fair	
6 Mon.	61	66	64	29.22	29.31	29.41	N W	Fair	
7 Tues.	41	61	63	29.61	29.72	29.81	N W	Fair	Aurora Borealis.
8 Wed.	43	65	54	29.88	29.92	29.87	S E	Fair	Circle round the sun.
9 Thur.	50	64	64	29.71	29.42	29.36	S E	Rain	Aurora Borealis.
10 Frid.	62	73	62	29.20	29.12	29.15	S W	Fair	
11 Satur.	46	42	44	29.15	29.33	29.48	N W	Cloudy	Frost. Light in the north.
12 Sun.	42	62	58	29.57	29.60	29.60	S W	Fair	
13 Mon.	46	68	63	29.53	29.52	29.51	S W	Fair	Rain in the night.
14 Tues.	61	74	68	29.50	29.60	29.60	S W	Fair	
15 Wed.	62	71	67	29.54	29.53	29.51	S W	Cloudy	
16 Thur.	63	75	74	29.40	29.34	29.32	W	Fair	Sultry.
17 Frid.	66	80	74	29.36	29.40	29.40	S W	Fair	In ten days, 4.13 inches of rain have fallen.
18 Satur.	66	70	68	29.43	29.45	29.37	S W	Rain	
19 Sun.	66	78	76	29.25	29.21	29.20	S W	Fair	
20 Mon.	69	73	72	29.23	29.37	29.40	N W	Fair	Rain in the night.
21 Tues.	53	74	68	29.45	29.51	29.49	S	Fair	
22 Wed.	56	79	74	29.42	29.33	29.32	S W	Fair	
23 Thur.	66	58	58	29.27	29.33	29.31	N E	Rain	
24 Frid.	56	71	68	29.32	29.36	29.37	N W	Fair	
25 Satur.	56	76	70	29.39	29.38	29.32	S W	Fair	
26 Sun.	60	79	80	29.11	29.09	29.10	S W	Fair	
27 Mon.	60	64	56	29.23	29.32	29.35	N E	Fair	.05 inches rain in the afternoon.
28 Tues.	53	66	66	29.32	29.32	29.30	S W	Fair	
29 Wed.	62	74	74	29.30	29.39	29.49	N W	Fair	Fog in the low lands.
30 Thur.	54	79	74	29.53	29.54	29.50	S W	Fair	

The month of June has been mostly favorable; the first part cold, with one or two frosty nights—the latter part wet, warm, and very favorable to vegetation. Crops generally look well. Range of Barometer, from 29.11 to 29.92. Thermometer, from 41 to 80. Rain, 4.93 inches.

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lecture Term, for 1842-3, will commence on Thursday, September 29th, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D., LL.D.
Theory and Practice of Physic, by	ELI IVES, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.
Materia Medica and Therapeutics, by	HENRY BRONSON, M.D.

Lecture fees, \$68.50.—Contingent bill, \$2.50.—Matriculation fee, \$5.—Graduation fee, \$15.

New Haven, July 7, 1842.

July 13—tL

CHARLES HOOKER, Secretary.

ALBANY MEDICAL COLLEGE.

The annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EUGENE ENMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSTRONG, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAR, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.
ALDEN MARCH, M.D., President. A1.27—tO J. H. ARMSBY, M.D., Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—eptm JOHN JEFFRIES, Secretary of Censors.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 128 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

Je 8—

JOHN C. WARREN, }
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Sep. 8—eoptf.

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No. 24.

CASE OF NUMEROUS INCISED WOUNDS.

BY P. J. BAUDUY, OF CUBA.

On the 15th of March, 1839, an insurrection broke out among the negroes, at a neighboring sugar estate. Two men were killed, and several dangerously wounded by the insurgents. Among several cases that I attended, I select the following as one evincing how far a good constitution will go towards effecting a recovery from injuries that in most individuals would prove fatal, and the power which some individuals have of resisting hæmorrhages that would seem necessarily mortal. The subject of this case is a negro, the slave of a neighboring gentleman, who, hearing the shrieks attending the outbreak of the insurrection, came over to the spot with the slave he considered as most faithful to him. On their arriving at the scene of this dreadful murder, the negroes rushed on them, and the faithful slave placed himself before his master, so as to ward off the blows aimed against him. He grappled with the foremost, and threw him to the ground, falling himself over his antagonist, and in this position was literally hacked to pieces by the infuriated insurgents. This was at 5 A. M. I arrived at about 8 A. M., and immediately proceeded to dress the wounds of several white men, and at about 11 A. M., having got through them, proceeded to examine what I had taken for the corpse of one of the revolted negroes, which I saw lying in the corner of the room. My astonishment was great to find that there was still life in the body, and that it was the faithful servant that I had heard spoken of, but whom I thought dead. He was speechless, cold as ice, almost literally floating in a pool of his blood, and all his clothes saturated with the same. Could feel no pulse at wrist, but heart beating faintly. Finding that I should be obliged to amputate his arm, I sent off for my case, and in the meanwhile proceeded to dress his wounds, which were as follows:—On the left arm, a sabre cut had divided the four fingers of the left hand at about the articulation of the first and second phalanges, leaving their extremities hanging only by a few shreds of tegument. Another had penetrated the dorsum of the hand, fracturing the metacarpal bones of the four fingers, and cutting down to the palmar aponeurosis. A third had laid open the whole articulation of the wrist, with the fore-arm, leaving the hand adherent to the fore-arm merely by a few shreds of the palmar teguments, and the divided ulnar and radial arteries gaping out, but not bleeding. A fourth cut had divided the muscles on the back of the fore-arm at about the upper part of its lower third, and

fractured by the radius and ulnar. A fifth sword cut had divided the muscles of the lower and internal front of fore-arm at about its middle part, cutting through the ulna down to the radius. On his right arm he received the following wounds :—Thumb split down by a sabre cut from its extremity to articulation of its phalanges, with fracture of the bone of the second phalanx. A second on the front part of fore-arm at lower third, dividing merely the teguments. A third, at the lower part of the middle third of the front of fore-arm, dividing the muscles down to the flexor sublimis digitorum; and a fourth on the internal part of the back of fore-arm, at about the lower part of its upper third, fracturing the ulna, and leaving its upper extremity projecting out slightly from the wound. On the head, neck and face, he had received numerous wounds; one, about four inches long on the left side of neck, divided the integuments from the mastoid process to near the lower part of the larynx, cutting down to the sterno-mastoid muscle, and probably divided the external jugular; but as it was filled by a pretty firm coagulum, I did not like to risk probing and poking at it in search of this vessel. Another sabre blow sliced off the whole left cheek, beginning a fourth of an inch below orbital margin of submaxillary bone, and cutting down to near the alveolar processes, leaving the cheek hanging by a small strip, three fourths of an inch broad. Another large wound on the left temple had penetrated to the bone, and divided the anterior temporal artery, and ten more sabre cuts on the scalp in every direction, all cutting down to the bone, and two of them, one answering pretty nearly to coronal suture at the superior posterior part of frontal bone, and the other dividing this at right angles just below sagittal suture on left parietal bone, penetrated through the exterior plate of the bones. Several of the others chipped off small pieces of the bones, for as his skull seems remarkably thick, the swords mostly glanced off of it.

When first placed on the operating table, he did not bleed from a single wound, but there was a slight oozing of serous fluid from several of the larger ones. I have already said that he was cold—almost speechless; he whispered to me for water, and seemed parched with thirst. I gave him, with a view of rousing up the vital powers, which seemed almost extinguished, liq. ammon. (aromat. ?) $\frac{3}{4}$ ss. with tinct. opii $\frac{3}{4}$ i., and strong brandy $\frac{3}{4}$ iv., in half a tumbler of water, and proceeded to dress his wounds. After shaving all the hair off the scalp, I washed his wounds to clear them of the earth and hair that they contained, and stitched them as neatly as possible with the interrupted suture, but not uniting the lips closely, for fear, if much inflammation and swelling should take place, that the sutures might by their irritation produce an erysipelas, that in the debilitated state which the patient must remain in would most certainly have proved fatal. I then covered them with lint, moistened with a simple dressing of equal parts of brown sugar, olive oil and claret wine boiled up together (Samaritan balsam); the same was done by the wound of the neck, except that I did not remove the coagulum in it; and besides the sutures I placed several strips of adhesive plaster over it; and over all a thick compress fastened by a bandage placed round the neck, but so as not to produce any pressure

on the large vessels at the side of the neck. The flap that had been sliced away from the superior maxillary and molar bones of the left side of face, leaving them bare, now hung down perfectly cold, and the muscles were of a bluish or rather livid hue. I, however, determined to make an effort at producing reunion. I washed it clean, and tacked it with four interrupted sutures neatly in its place, covered it with lint, and then with a thick compress, which I fastened in its place by adhesive straps. I dressed the wounds of right fore-arm with adhesive straps, reduced the fracture of the ulna, and passed a bandage up loosely from the fingers to the elbow, placed a compress over the upper extremity of the fractured bone, and placed on the arm two pasteboard splints, well soaked previously, which I fastened loosely, one on the back, and one on the front part of the fore-arm. I now felt his pulse, and found that it had risen considerably, being as strong as I could expect under the existing circumstances; the heat of the body had also in a great measure returned, and he now spoke plainly, complaining of much thirst; the heart beat much stronger and more regularly. I therefore decided that sufficient re-action had taken place, and amputated his left arm just below the elbow-joint. He lost more blood during the operation than I well liked, through the clumsy management of my assistant, who had charge of the tourniquet. After dressing the stump, I administered sixty drops more of laudanum, and put him in a comfortable bed, wrapping him up warmly. Ordered acidulated gum water for drink, and two table-spoonfuls of broth every hour, as he had lost so much blood, and been so long without nourishment of any kind. It was 2 P. M. when I finished the amputation and put him to bed; he had received his wounds at about 5 A. M.; he had been all this time without any dressing whatever on his wounds, and what prevented him from bleeding to death is to me a mystery—probably it was syncope.

16th.—Saw him at 8 A. M. He has no fever, but much thirst; pulse stronger; asks for food; did not sleep last night. Ordered a few drops of *spt. æth. nitros*, added to drink; arrow root and rice, and a few table-spoonfuls of broth, to be given frequently.

17th.—Strong fever; wounds are all suppurating copiously; dressed them all. Ordered laxative enemata. He continued now doing better and better every day.

April 1st.—Was sent for to check a sudden hæmorrhage from the arm, which I found owing to a ligature (the ulnar artery) having come away; checked it by compresses wet with lead water, and appropriate bandaging. This ligature had been put on by my assistant, and I remarked to him at the time that he took up too much of the cellular tissue, and that I feared it might give me trouble. At this date all the wounds of head, neck and face, with the exception of the two that involved both plates of cranial bones, were healed, almost all by the first intention. On the fourth day, observing much œdema of the cheek on the left side, and that the eye was much inflamed, with its lower lid very œdematous, I cut away the sutures that confined the flap of the cheek just below the eye, and next day observed that it had answered the purpose intended, as the inflammation and œdema had subsided. The wounds of the right arm are

healed, with the exception of that answering to the fracture of the ulna, which, is, however, fast filling up with very kind granulations. Amputated arm doing very well.

15th.—To-day all his wounds are healed, and finding that no solid union has taken place between two fragments of ulnar, I applied the *appareil immobile* to the fore-arm.

17th.—As he complains much of the arm since the application of the innovable bandage, I took it off, and found that it had caused the cicatrix of the wound answering to fracture, and the one immediately below, to slough off; I was, therefore, obliged to discontinue it, and apply the felt splint, as before.

May 1st.—Is now entirely well. Amputated limb entirely healed, and the fractured arm perfectly strong and well set. He cannot flex the middle and ring fingers by themselves, but can do so by applying the under and ring fingers in close apposition to the former, and flexing them all together.—*Medical Examiner.*

TWO CASES OF INVERSION OF THE UTERUS.

BY W. L. SUTTON, M.D., OF GEORGETOWN, KY.

CASE I.—Nov. 16th, 1923.—I was desired to visit Mrs. S., who was said to be in labor. When I entered the room, the midwife observed there was something wrong. Upon making examination, the first thing which attracted my attention was a tumor, which from its size and firmness, I, for an instant, took to be the head of a child; and supposing the shoulders had engaged the pelvis unfavorably, I ran my finger up the neck to liberate them; when I found that this tumor was a part of the mother, and nothing less than the uterus inverted and expelled. I now first learned that the child had been born. The midwife assured me that she did not have a worse time than common; that the placenta came away in good time, and without difficulty; that the tumor followed it closely; and that not knowing what it was, she did not know whether to permit its exit or not. I endeavored to replace it by grasping it between my hands, and after squeezing it for some time, pushing it in the direction of the outlet of the pelvis. But the tumor was so firm that little impression could be made upon it, and I was utterly unable to reduce it. Upon squeezing the uterus several blood-vessels spouted and bled for a short time. The patient had a ghastly aspect; lips bluish, pupils dilated, pulse very weak; yet the hemorrhage had not been considerable. She did not complain much; but I thought that was owing to her diminution of sensibility. Having become entirely satisfied that longer endeavors to replace the uterus would be fruitless, and must still hasten her dissolution, I desisted, and attempted to sustain her by stimuli small in quantity, and frequently repeated. In this also I failed. Her pulse soon disappeared, and she died in about three hours. This woman was said to be somewhat loose in her morals; had conceived three times, and miscarried once; at which time she was said to have had a prolapsus uteri.

CASE II.—Oct. 19th, 1835.—Mrs. H. in labor with her first child—the uterus being expelled with the child. I saw her perhaps in half an hour. The placenta was yet partially attached to the fundus uteri; the body of the uterus completely expelled the vulva; no hemorrhage, great sinking, lips and countenance livid, pulse scarcely perceptible—the uterus not firm as in case 1st. Sent off for Dr. Richardson—separated the placenta and returned, by moderate and continued pressure, the uterus into the pelvis. Dr. Richardson arriving some time afterwards, completed the reduction. She continued very weak and faint, and had frequent retching. This state was considerably alleviated by injections of starch and laudanum. In this case, the membranes gave way several hours before the child was born, the presentation natural, pains rather short and at considerable intervals. The body was not expelled by the same pain which expelled the head; but the uterus followed the body by the same pain; the cord was rather short.

Evening.—She has taken small doses of stimuli during the day; also a dose of ol. ricini, which vomited her. Complaints of great soreness, pulse weak and very quick, lochia proper; has passed no urine, nor felt any disposition to do so.

20th.—3 o'clock, A. M. A great deal of pain in the uterine region—has passed no urine or feces, nor feels any disposition to do so; pulse small, somewhat hard and very frequent, severe headache. Drew off about three pints of urine: bled to § viii.—cold water to head, ol. ricini § ii. **Evening.**—Medicine operated well: dejections said to be proper, pulse still frequent (about 150), headache undiminished, no abdominal pain, lochia have been rather profuse, but at present proper. Sinapisms which have been applied to the head, having failed to give relief, a blister was applied to the back of the neck; laudanum gtt. x. to restrain the operation of the oil; discharge of urine natural.

21st.—Head still aches; pulse 132; bowels freely open; urine plenty; lochia proper; no milk. Blister drew well without materially relieving the head.

22d.—Head still aches, skin pleasant: pulse 132; no milk; lochia offensive and pale. R. Draw the breasts, and wash the vulva and vagina with chamomile tea.

23d.—Head somewhat relieved; skin pleasant; pulse 132; some appetite; no milk; urine scant; lochia offensive; bowels have not been moved for 36 hours: a little tenderness in the uterine region. R. Injection of chamomile tea into the uterus and vagina: Seidlitz powders to keep the bowels regular.

25th.—The head has nearly ceased to ache, but feels very sore. The injections into the uterus appear to have benefited her much. No setor attends the lochia: feels comfortable; skin natural; bowels in good order; no milk, but some soreness of the breasts. From this time she continued to improve, but her health remained delicate for some time. She never had any secretion of milk. In the management of this case I had the benefit of Dr. Richardson's advice, who saw her twice with me after the reduction was effected.—*Amer. Jour. of Med. Sciences.*

CASE OF EXTRAVASATION OF BLOOD INTO THE CELLULAR TEXTURE, BENEATH THE SKIN OF THE PENIS.

BY EDWARD JARVIS, M.D., LOUISVILLE, KY.

JANUARY 14th, 1841.—A thin, healthy man, of the age of 27, while in coitu, and just before the orgasm, felt something give way in the penis. Nevertheless, the orgasm followed, and the seminal fluid was ejected, but without the usual excitement. The organ was at once relaxed, but swollen and discolored. He walked about half a mile, feeling a slight pain, and an increasing heaviness and fulness in the penis.

I saw the patient in half an hour after the accident, and found the penis very much distended with venous blood, along the dorsum and the left side and around the prepuce. The diameter of the organ was greater than in the state of erection. On the right side, from one inch below the corona glandis to near the pubes, there was neither swelling nor discoloration; and here was a curve occasioned by the great distension of the opposite side. The swelling encircled the whole body of the penis at its root, and at the prepuce; and at the latter place the distension of the integument was greater than in any other part. There was neither pain nor tenderness, nor difficulty in micturition.

Three years previous to this accident, the patient had worn a very tight pair of pantaloons, the middle seam of which pressed so closely upon the left side of the penis, where it curved to lie upon the opposite thigh, as to cause much pain and tenderness at that spot, and especially at the time of erection. These symptoms and a local weakness never left him. It was precisely at this spot, that the rupture of the sheath of the corpus cavernosum, appeared to be—and on this point alone, was any tenderness felt upon pressure.

The extravasation was still going on, and the purple swelling increasing. I therefore directed absolute rest upon the back; application of lead-water to the swelling, without covering of bed-clothes over the hips and pubes.

In one hour found the swelling somewhat greater, but the rapidity of its increase checked. Not wishing to open the skin while the hemorrhage was active, I ordered a solution of mur. ammon. in spirits and water equal parts, perfect rest, and cold for the night.

15th.—Hemorrhage arrested; coagulation taking place; opened the skin with a bistoury, making a free incision longitudinally along the dorsum, and transversely through the prepuce on the right side. The blood oozed out, but the cellular substance was filled with coagula; directed the continued application of towels dipped in hot water, and the whole to be kept covered with blankets, to retain the heat, and promote the discharge of blood.

At night the blood had oozed freely from the incisions, and the swelling was diminished along the dorsum, and on the right side of the prepuce. Made another incision on the left of the prepuce; continued hot applications for the night.

16th.—Swelling diminished; though not so much on the left side of the dorsum or elsewhere; made an incision on this side; continued applications of warm water.

17th.—Blood ceased to flow through the incisions, and these were healing. Supposing the rest of the coagula might be absorbed, I changed the hot to cold applications, and ordered the solution of ammonia, first covering the wounds with simple cerate, to defend them from the irritation of the ammonia. Gave also, submur. hyd. gr. vi., aloes gr. iv.; comp. ext. colocynth gr. iii., M., which produced a small operation.

18th.—Absorption going on; swelling diminishing; bowels costive. Gave sulph. magnes. $\frac{3}{4}$ i.; continued cold lotions.

19th.—Swelling about the dorsum penis changing from the purple to yellowish hue; continued lotions. Gave him jalap pulv. gr. x.; supertart. potass. gr. xij. M. Noon, no operation; much nausea. Gave sulph. magnes. $\frac{3}{4}$ j. Evening, vomited in afternoon; very feeble; absorption rapid.

20th.—Had four operations in night, with great nausea; yellowness of skin extending. Continued lotions.

21st.—One operation; swelling diminishing; organ nearer the natural shape and size. Corpus cavernosum feels somewhat distended and hard.

Patient has been, for many years, troubled with night erections, which have latterly increased. He had these on the night both of the 20th and 21st. Then felt the pain at the point where the sheath appeared to be ruptured. This erection was immediately relieved by the cold lotion.

22d.—Improving; swelling in cellular tissue diminished. Skin more pale; corpus cavernosum hard as yesterday; bowels costive. Gave sulph. magnes. $\frac{3}{4}$ i.; lotions as before.

23d.—Salts operated favorably; patient feels well; swelling of skin mostly gone. The purple has much diminished, and the sallow color extending. Corpus cavernosum somewhat hard and distended; penis not perfectly relaxed, and flaccid as natural; no pain, but a little tenderness at the point of rupture.

In all this time, there was no difficulty in micturition; no excitement, nor irritation, nor heat in the body of the penis. Patient lay on his back until the 30th, confined himself strictly to vegetable diet, and cool drinks; whereby all inflammation was prevented.

At 9 o'clock this morning, he started on a journey of two days, in the stage, over a hard road.

February 20th.—He wrote for advice. "I arrived safely, without any pain or inconvenience. I have taken no medicine, nor made external applications. I am better and improving, yet not well. The penis is reduced to its natural size, and all discoloration is gone; but the part where the rupture was, is not quite healed; and on erection, the penis is bent and drawn down to one side, and attended with considerable pain. I wish you to prescribe again for this condition of things."

Advised frictions with ung. hyd., moderate diet, and exercise, and abstinence of all stimulants.

April 5th.—He again wrote, "I followed your prescription strictly as to the use of the mercurial ointment. I have, in a good measure, abstained from warm and strong food, and entirely from intoxicating drinks. The pain during erection has much abated; but the penis, when erected, is very much bent; and when not erect, there appears to be, in the body

of it, at or near the place where the rupture occurred, a lump or hard substance, and although I have rubbed the part regularly, two or three times a day, I don't think it much diminished."

8th.—Advised cold douche and friction with iodine ointment, and the camphor liniment.

May 10th.—Patient wrote, that under the influence of the cold douche applied daily, and the iodine ointment and camphor liniment, he was somewhat better than when he wrote before. "But my improvement is very slow. The pain during erection is almost entirely gone; but there is still considerable chordee; my improvement was confined to the two first weeks of using the last prescription. Since that time I have been, I think, stationary."

Advised bandaging penis, keeping this wet with solution of mur. ammonia, and occasional frictions with ung. mur. ammon.

The patient improved through the summer; but the chordee, the local tenderness, and slight swelling and hardness at the point of rupture, had not entirely disappeared in September, 1841, when he died of fever.—*Ibid.*

PREGNANCY WITHOUT SIGNS—LABOR WITHOUT PAINS.

THIS case was read to the Med. and Chirurg. Society of London, by Dr. C. J. B. Williams. It was that of a lady, aged 31, who had noticed an enlargement of the abdomen for six or seven months. She felt certain she was not pregnant, because she had not experienced symptoms similar to those of her first pregnancy. Catamenia appeared last, eight or nine months ago. External examination not proving satisfactory, examination *per vaginam* was made, which disclosed the nature of the case. The os uteri was dilated to the size of a shilling, the neck entirely expanded, and the membranes and child's head could be felt. Though informed she was pregnant, she was sceptical, and made no preparation for the event. On the 5th of January the author was sent for, and found the child born before his arrival. The funis was ruptured about four inches from the umbilicus. It appears the lady had suffered from diarrhoea for two days previous. At one o'clock in the morning she awoke with, she says, gripping pains in the belly. These continued until six o'clock, when she got out of bed for ease. She walked into an adjoining room, and bending herself rested her hands on a table. Suddenly the waters broke, and the child was expelled, and fell on the floor. She states positively she had no pains in the loins nor bearing-down pains previous to the expulsion of the child.

The author considers the following facts established by the case:—

1. That pregnancy may occur and nearly reach its termination without many of the ordinary signs.
2. That the uterus may contract, like other hollow muscular organs, without the consciousness of the mother.
3. That rupture of the funis is attended with little or no bleeding.

The practical doctrine he infers from it, is, that in cases of illegitimate

births occurring suddenly, and where the child is found dead, the circumstances should be of a very decided character before the guilt of infanticide be fixed on the mother.

Dr. Merriam saw nothing in the case related so very extraordinary. With regard to there being no hemorrhage from the funis, it was well known that when this was broken by violence there was no bleeding. When torn asunder forcibly no ligature was usually necessary. He saw nothing wonderful in a patient not knowing that she was pregnant. He had seen many such cases. He was once asked to see the wife of a physician, who was stated to be laboring under ovarian dropsy, but who he found to be pregnant. On informing her of her condition, she said it was impossible. "Why so?" he inquired. "Ask my husband," was the reply of the lady.

Dr. Seymour related the case of a lady who had been married sixteen or eighteen years without being pregnant, but who at the end of that period miscarried at the fourth month, in consequence of taking medicines for removing a fancied collection of wind in the abdomen.

Dr. Johnson observed that where one woman was pregnant and denied it, twenty imagined they were so when they were not. Joanna Southcote to wit!—*London Lancet.*

ABSTINENCE AND REPLETION.

BY JOHN TAYLOR, BRUMPTON, ENG.

THE remarks of Dr. Clutterbuck on total abstinence and temperance, as to their effects in the case of the celebrated and good Dr. Birkbeck, and on people in general, remind me of a very strong case in point, which I witnessed in Dublin in 1822.

In May, 1822, a young English lad, about sixteen years of age, joined his family in Dublin; he came straight from Paris, where he had spent about fourteen months. He was at his arrival, although of a sanguine constitution, both pale and thin, like one of those members of a broken-down family, whom everybody sees at once have been under-fed. When his father began to interrogate him about the loss of his color and flesh, it came out that he had been for the space of twelve months subsisting on *half a franc a day for all his meals*, in order to economize and save the means of travelling, that he might rejoin his friends. His salary itself was only thirty francs a month, and his labor as copying clerk to a French book-seller lasted sixteen hours per diem.

It would, indeed, be a difficult task to describe the nutriment on which the poor boy had lived; but butcher's meat, strange as it may seem, was one of the articles of his diet. Fancy, Mr. Editor, what that meat must have been, sold at *four sols per plate*; fancy to yourself a poor growing boy, rising with undiminished appetite from every meal during twelve months. He has often said that he never once felt the glow of genial warmth at night in bed the whole time of this probation. He went to bed cold, trembled, and shivered, until he fell asleep, and arose with the same chill pervading his skin.

The Irish are a most hospitable people, and take pleasure in surfeiting their friends. The poor lad had no longer any lack of anything; instead of his two wretched meals a day, he had four meals, almost *episcopal*, at the sight of which even jolly Anacreon might have showed his gums. In less than a month his color had returned, his limbs had grown round again, his stature visibly increased, and great ugliness had given place to what are called "very good looks."

About this time certain itchy pimples fast appeared on his chest, which, multiplying rapidly from day to day, very soon covered the whole body, except the face, neck, and soles of the feet. A youth who slept with him caught the distemper a few days after; it also spread over his body, but more inertly, and not to the same extent. After the body had been thus spotted with detached pimples for some weeks, the pimples grew together, especially towards the joints, and large scabs were formed, from which issued copious discharges of matter of a yellowish white, entirely free from smell. Scales of dry scab would frequently come off on removing his coat at night: there were very few pimples on the hands, and the last place which became affected was the skin between the fingers. All these pimples itched both day and night; sometimes to a degree hardly endurable.

The doctors called this dreadful eruption *herpes*. It greatly affected the spirits of the poor lad, but not at all his health, or his looks, which had gained so much from the great change in his diet. A very skilful practitioner took charge of this case, and refused to give any medicine for it until it had quite covered the young patient's body. He said that it was a grand effort of nature to purify the impoverished blood of one who had been so long under-fed. After waiting three months to let nature do her work, he prescribed an ounce of Epsom salts dissolved in a quart of water, to last three days, besides some antiscorbutic pills, and a plain ointment for local application. The disease was soon mastered by these remedies, and disappeared quite as quickly as it had come.

I witnessed the facts I have related, and from them I gather that Dr. Clutterbuck is right, and that abstinence ought not to be carried too far, where people possess the means of living well. Let us all avoid excess, and be content with moderate enjoyment. But let us never forget that if indulgence may be too lax, mortification may be too rigid for social beings.—*Ibid.*

GENERAL DEPARTMENT OF PHYSICIANS.

[THE following is an extract from a discourse before the Monroe County Medical Society, N. Y., delivered at Rochester, May 11, 1842, by MALTBY STRONG, M.D., President.]

Every physician should be habitually and strictly moral. If he is governed by motives of Christian benevolence, so much the better. No class of men possess better evidence of the power, wisdom and goodness of the Creator, and the propriety of acting in obedience to his will as

revealed in his works and word, than the well-educated, right-thinking, sound-hearted physician.

In his intercourse with his professional brethren, he should be candid, courteous and honorable; and should, of course, avoid, under all circumstances, duplicity, detraction, rudeness and evil speaking. In short, he should do unto his professional brethren as he would, under like circumstances, they should do unto him.

In his intercourse with the world, he should be an example of becoming neatness in his person, of dignified deportment, and in manners a gentleman.

At the bed-side of his patient he should be kind, attentive and honest. By kindness and attention I not only include those kind offices which serve to alleviate physical sufferings, but also kind and encouraging or soothing language, gentleness of manners; in short, the thousand little things which, costing no sacrifice on the part of the physician, tend in a high degree to assuage the sufferings, whether real or imaginary, of the mind diseased, and thereby restore a healthy tone to the functions generally. I have no doubt but in this way the cure of diseases, particularly those usually denominated nervous, is oftentimes greatly facilitated. Why should it not be so, since we all admit that there is a mutual action or sympathy existing between the brain and nervous system and the other organs of the body?

He should also be patient, gentle, and yet thorough in his examination into the symptoms of the patients for whom he is called to prescribe—whatever the sex, and wherever the disease may be located—in order to inform himself thoroughly, not only of the locality, but the nature; and, so far as can be done, of the cause of the complaint. To administer remedies to heal diseases without first instituting such an investigation, is sheer quackery—a practice which cannot be too strongly condemned, as likely to produce greater evils than those which it is intended to cure.

Physicians should be especially careful in their prognosis, particularly in acute diseases where there is much nervous excitement, or when, from the natural temperament of the patient, a high degree of nervous excitability may be apprehended. In chronic diseases generally, and especially in that class of them believed in the present state of medical science to be incurable, less caution is necessary; because nervous excitability in such cases generally diminishes in proportion as the disease advances. The physician should remember that he is supposed to know very nearly how a given disease will terminate—his opinion is therefore eagerly sought, and greatly relied upon. Under such circumstances, is it unreasonable to suppose that an unfavorable opinion would be likely to shock the nervous system, even of the stoutest man, and materially retard, if not wholly prevent recovery? If the patient possesses a delicate, excitable, nervous system, in nine cases in ten it would cause a fatal termination, and that, not from the necessarily fatal character of the disease, but from the depression and consequent exhaustion of the nervous energy. I do not wish to be understood as recommending to the physician to encourage in his patients, or their friends, hopes of recovery, where death is certain beyond a peradventure. In such cases the patient is generally

too near that world from whose bourne no traveller returns, to be affected by *any opinion*; but I do mean to say, that many a patient does recover despite the sentence of death pronounced by the faculty—that there is often a point in the progress of disease, when the life of the patient hangs, as it were, by a thread—that at that moment an unfavorable opinion from the physician may sever that thread, and therefore that great care should be exercised in the expression of an opinion which may produce the very result which, with all possible effort, we are striving to avert.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 20, 1842.

MEDICINE AND SURGERY IN MONTREAL.

ALTHOUGH there are hospitals in Montreal, with many patients in them, it is a singular fact that operations are very rare. In passing through the spacious and well-ventilated wards of any one of the charitable institutions of the city, which are principally under the immediate control of different orders of nuns, no one is seen, at least at present, either recovering from a surgical operation, or preparing for one. Infirm and idiotic men and women, and old and white-headed people, tottering under the weight of years, make up the amount of beneficiaries. There seems to be no specific regulations in regard to the period when a patient shall leave, nor special inquiry into the claims of an applicant for admission. We saw a pale, feeble Irishman, sitting near a door, who said, when questioned about his health, that he had been there "*seven years with a great weakness in the legs*"!

A student would not be essentially benefited by attendance either at the Hotel Dieu, under the surgical care of Dr. Monroe, or at the General or English Hospital as it is called. This latter establishment has a charter from England, and derives considerable of its support from a small tax on emigrants. There are, however, many annual subscribers, by whom the medical officers are selected, but who receive no compensation. Professional merit has no influence in the appointments: because an individual happens to be well esteemed by those exercising the most influence, he takes the post—to have and to hold as long as he lives, for aught we know to the contrary. Of the military hospitals, of which there are a number, each is under the care of the surgeons attached to the regiments on garrison duty. Consequently they are frequently changed.

As nearly as can be ascertained without a special call for numbers, there are not far from fifty practitioners in Montreal, out of which a few perform the most lucrative part of the business. Dr. Holmes is spoken of by the inhabitants generally as a man of superior professional attainments. Singular as it may appear to us, in the States, where quackery in all its varieties flourishes like a green bay tree, there is not one of the family of quacks in the whole city—not even a Thomsonian or a reformed Beachite;

nor is there a bottle of hot crop, or, as far as we could discover, a spoonful of composition tea, within the limits of the municipality. The *poor man's plaster* is indeed on sale; but no mention was made of Sherman's lozenges or Brandeth's pills. More wonderful still, the Science of Life, as promulgated among us from the pulpit, instead of a college of medicine, by one of the greatest quacks in the Union, if ever known in Lower Canada, has not been long remembered—since they are prodigious meat eaters in all British America, even to a proverb, yet are as hardy, strong, long-lived and happy as the disciples of any new school of dietetics.

Till within a few years, the city practitioners of Lower Canada went to England for a medical education. Those whose means are sufficiently ample, do so still; but since the discovery was made that lectures at Boston, New York and Philadelphia were open to them, the number now annually matriculated at these places, is increasing. When a physician goes from the States into Canada to establish himself, a diploma, from any school of acknowledged reputation, is a sufficient document to obtain the approbation and license of the board of medical examiners, appointed by Government.

A collegiate institution, called M'Gill College, the academic department of which was never organized, has a medical school in active operation, with a talented faculty. There are six chairs, filled by the following gentlemen, viz.:—Practice of Physic, W. Robertson, M.D.; Chemistry and Pharmacy, A. F. Holmes, M.D.; Principles and Practice of Surgery, G. W. Campbell, M.D.; Midwifery, A. Hall, M.D.; Anatomy and Physiology, — Bruncan, Esq.; Demonstrator of Anatomy, J. R. Dick, M.D. Lectures commence the first Monday in November, and continue till May first. Three winter sessions are requisite for graduation.

A stranger is everywhere struck with the devoted attention and unwearied kindness of the sisters of charity. They are the hospital nurses, the apothecaries in some places, but always the vigilant, conscientious attendants of those admitted to their hospitable abode. Much of the success in hospital practice depends on the nurses, since they often really kill or cure, however skilful the medical attendant may be.

The medical institutions of Quebec will constitute a future page.

Lowell Hospital Association.—From the books of the Superintendent and Physician, it appears that two patients were in the Hospital at the beginning of the year, and that there were admitted within that period, 255. Those admitted within the year, consist of 10 males and 245 females.

There remain in the Hospital, 14; have been discharged, cured, 223; do. relieved, 12; do. not relieved, 1; died, 7. Total, 257.

These results are more favorable even than those of last year, which were regarded as highly satisfactory. Thirteen applicants for admission have been rejected for want of accommodations; many have probably been prevented from applying from the same cause. The aggregate residence of all the patients for the year, amounted to 423 6-7 weeks—equal to 2967 days, giving an average of 11.544 days to each patient. The average number of patients during the year is 8.128.

The actual expenses incurred for the support of the Hospital during the past year, is \$3751 96. The whole amount received from patients is but \$1265 30, which, with \$3,75 for the labor of the gardener, is all

its income—showing a clear loss to the several companies of \$2482 82. This loss is less than it was the year previous, and we are encouraged to hope that it will be reduced the current year. And yet, large as it is, it had better, probably, be met than that the enterprise should fail.—*Annual Report.*

Reunion of the Fingers.—M. della Fanteria attended a young girl who had two fingers cut off by accident while engaged in domestic affairs. He found the fingers in some bran, in which they had fallen; but, to his great surprise, they were both cut into two pieces. He, nevertheless, determined to reunite them to the hand, which he effected by strapping and sutures. At the end of a few days union was perfect, and the poor girl thoroughly recovered the free use of her fingers, the articular motions continuing. [!] This case is verified by the celebrated Vacca, and by Prof. Centofanti.—*Prov. Med. and Surg. Jour.*

Introduction of Air into the Veins.—Dr. Godemer, Physician to the Hospital of Ambrières, in Mayenne, has published in the Transactions of the Medical Society of Indre and Loire, three cases of tumor in the neck, during the amputation of which, a peculiar hissing noise was heard, followed by the instantaneous death of the patient. The only abnormal appearance presented on the examination of the body, was the distension of the cavities of the heart by a great quantity of air. In removing large tumors from the neck, or from near the heart, we should avoid everything by which the entry of air into the veins can happen. Among these causes, M. Godemer classes the movements given to the tumor, in dividing the circumjacent cellular tissue, with the view of removing the diseased growth whole. To avoid this inconvenience, under these circumstances, he removes the tumor piecemeal, and since he adopted that plan, he says he has not lost a single patient by this unfortunate occurrence. Six cases of tumor of the neck were operated on by him in 1839 and 1840, and with success. The patient suffers a little more pain; but in exchange, there is not any danger of the passage of air to the heart, and the consequent immediate death of the patient.—*Ibid.*

Desertion of Children in France.—MM. Terme and Monfalcon state that in large manufacturing districts, and among artisans, the parents separate themselves from their children with a most lamentable carelessness, and look on it as infinitely more convenient and desirable to take their children to a hospice, and to forget them, than to trouble themselves about bringing them up. M. Lelong, a member of the general council of the Seine Inferieure, states that in some neighborhoods the number of foundlings has equalled, and sometimes even exceeded, the number of children born out of wedlock. At the Hotel Dieu, at Lyons, there is a lying-in ward for the wives of the artisans, in which from 500 to 600 are delivered annually. More than 60 of these women are detected every year by the vigilance of the police, in their attempt to send their children to the hospice, and are compelled to take them back again. Many elude the officers, and succeed in getting rid of their children. 2000 are admitted every year into the foundling hospital at Lyons, and of these 400 are considered to be legitimate. During the twenty years from 1816 to

1835, 57,400 women have been delivered in the Maternité, at Paris, and 19-20ths of them sent their children to the Hospice des Enfants trouvés.
—*British and Foreign Medical Review.*

Singular Case of Monstrosity.—Dr. Rodenstab, in a communication entitled Practical Remarks on Labor, published in the "Neue Zeitschrift, für die Geburtshunde," has given the particulars of the birth of a living monstrosity, without any cranium. The mother was delivered by the forceps. A fortnight after birth, points of ossification were developed in different parts of the head, and at the end of two months, the cranium resembled that of an ordinary newly-born infant. The child, a male, three years old at the date of the report, differs only from other children by the great size of the fontanelle.—*Prov. Med. and Surg. Jour.*

The American Society of Dental Surgeons met yesterday at the Medical College in this city. We are of course unable to give any account, in this No., of the meeting, but shall endeavor to give a brief report of the proceedings in our next.

It is said that the managers of the Boston Dispensary have determined to allow to each of the dispensary physicians the sum of \$50 per annum for their services.

NOTICE.—The attention of subscribers is solicited to the bills which they may receive during the present month enclosed in their copies of the Journal. Money may be sent through Postmasters, who are generally willing to frank letters containing subscriptions. If preferred, subscribers in New York may pay to C. S. Francis, Broadway; in Philadelphia, to Judah Dobson, Chesnut street; and in Providence, to Joseph Balch, Jr.

An advertising Supplement will be issued, as usual, with the first No. of the new volume in August. It is desirable that advertisements for it be sent in as early as possible.

BOOKS, &c., RECEIVED.—Druitt's Modern Surgery, from the second London edition, edited by Joshua B. Flint, M.D.—Constitution, &c., of the Medical Society of Missouri.

MARRIED.—At Southington, Ct., by the Rev. E. C. Jones, Frederick A. Hart, M.D., to Miss Lucretia S. Lee.

Number of deaths in Boston for the week ending July 16, 32.—Males, 19; Females, 18. Stillborn, 5. Of consumption, 3—bowel complaint, 3—gravel, 6—infantile, 2—sudden, 1—scarlet fever, 2—child-bed, 1—debility, 2—dys, 2—menstrual, 1—disease of the head, 1—delirium tremens, 1—dropsy on the brain, 2—hooping cough, 2—croup, 1—intemperance, 1—drinking cold water, 1—accidental, 1—old age, 1—disease of the spine, 1—teething, 1.

MASSACHUSETTS MEDICAL COLLEGE.

The Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

			Fees.
Anatomy and Operative Surgery,	-	PROF. WARREN	\$15.00
Midwifery and Medical Jurisprudence,	-	PROF. CHANNING	10.00
Maternal Medicine,	-	PROF. BIGELOW	10.00
Principles of Surgery and Clinical Surgery,	-	PROF. HAYWARD	10.00
Chemistry,	-	PROF. WESTER	15.00
Theory and Practice of Physic and Clin. Med.	-	PROFS. WARR AND BIGELOW	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissecting Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

Jy 20—cop6t

WALTER CHANNING, Dean.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

The next annual course of Lectures will commence on the first Thursday (5th) of August, 1882, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.
ALONSO CLARK, M.D., Professor of General and Special Pathology.
MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.
FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.
BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.
CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.
HON. JACOB COLLAMER, A.M., Medical Jurisprudence.
JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$12. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously. H. H. CHILDS, President.

Pittsfield, May, 1882.

Je 22—1A

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

The annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1882, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course \$50, payable at the commencement of the lectures. Matriculation, \$2.00. Graduating expenses, \$12. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by
Materia Medica, Medical Jurisprudence and Medical Botany, by
Chemistry and Pharmacy, by
Theory and Practice of Physic, and Pathological Anatomy, by
Anatomy and Physiology, by

DIXIE CROSBY, M.D.
EDWARD E. PHELPS, M.D.
OLIVER P. HUBBARD, M.D.
JOSEPH RORY, M.D.
EDMUND B. FRASER, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

CASTLETON MEDICAL COLLEGE.**FALL COURSE OF LECTURES**

The Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.
JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.
DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

ZEBA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon by the class.

Castleton, Vt., May 26, 1882.

Je. 29.—1A4

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 1 Franklin street, Boston.

Je 29—optm

JOHN JEFFRIES, Secretary of Censors.

PRIVATE HOSPITAL IN BOSTON.

SEAS DUNKEE, M.D.; Member of the Massachusetts Medical Society, and of the Boston Medical Association, has taken the large and convenient house No. 26 Howard Street, Boston, and fitted it up as a **PRIVATE HOSPITAL for INVALIDS.**

In all difficult cases, the services of the most skillful and experienced physicians in the city will be had in consultation; and patients who place themselves under the care of Dr. D., and who wish to avail themselves of the advantages of a private Hospital, may be assured that every effort will be made for their comfort and well being.

An apartment has been fitted up with apparatus for administering the Iodine Bath, Sulphur Bath, and other medicated baths, as recommended by Dr. Green, of London, in the treatment of various chronic diseases. Terms, \$5 to \$10 per week.

IMPROVED SILVER CATHETER.

The superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 23 Tremont row. My 11—
D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. OLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two vols each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$2.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JULY 27, 1842.

No. 25.

MEDICAL TREATMENT OF INSANITY.

BY A. BRIGHAM, M.D., SUPERINTENDENT OF THE HARTFORD RETREAT FOR THE INSANE.

THERE is no specific remedy for insanity. Different cases require very different treatment, and that which would be serviceable at one period of the complaint, might be injurious at another. According to our experience, recent cases for the most part require a mild antiphlogistic course; but regard should be had to the cause of the insanity. If occasioned by a blow, or other direct physical injury of the head, or from some sudden and violent mental commotion, while in good health, free depletion by bleeding, and active cathartics, are useful and often indispensable. But such cases are seldom seen in lunatic hospitals. We have very rarely considered it advisable to have recourse to general bleeding, at this institution. Occasionally, when there is much cerebral excitement, we have resorted to topical bleeding, but more frequently, even in such cases, we derive benefit from placing the feet in warm water; the application of cold to the head; and the free movement of the bowels by laxatives. Pouring cold water in a small stream from a height of four or five feet directly upon the head, is generally one of the most certain and powerful means of subduing violent maniacal excitement, we have ever seen tried. The warm bath is also very serviceable to calm excitement, but cold should at the same time be applied to the head. In a few recent cases croton oil has proved very beneficial; and we have thought particularly so in two cases, that seemed to be cured by the use of it, after other cathartics had been tried. Of all medicines, it is the most easy to administer to a patient that refuses to take any, and we have often used it, and never with any unpleasant result.

Bathing in warm water we think beneficial in most cases. Bathing in cold water or showering, we seldom resort to—probably we should have recourse to the latter more frequently, if not from the impossibility of preventing patients from supposing it to be intended as a punishment.

Most of the medicines we administer are liquid, or in powder. In addition to the preparations of the articles of the materia medica according to the United States Pharmacopœia, we have a few of which we make much use, that are prepared by ourselves. The following we often administer: R. Extract of conium, \mathfrak{z} vi.; ferri carb. precip. \mathfrak{z} xii.; molasses, wine, water (warm), aa qts. ii.; ol. gaultheria or ol. sassafras, \mathfrak{z} ii.; dissolved in alcohol, \mathfrak{z} viii. M. Usual dose half an ounce—sometimes

more; if a laxative effect is wanted, we add one or two drachms of tinct. aloes and myrrh to each dose.

We sometimes vary the foregoing preparation as regards all the articles except the conium and iron, adding mucilage gum Arabic, alcohol, &c.

The following preparation we derive benefit from in many nervous, sleepless and hysterical cases: R. Tincture lupuline, *do.* hyoscyamus, aa $\frac{3}{4}$ iv.; camphor gum, $\frac{3}{4}$ i.; ol. valerian, m xxxii. M. Dose one to two drachms.

The following, taken from Ellis on Insanity, we find useful in some cases of violent mania, and when the urinary secretion is deficient: R. Tinct. digitalis, *do.* scillae, aa $\frac{3}{4}$ ss.; vin. antimon. tart., spts. nitre dulc. aa $\frac{3}{4}$ i. M. Dose 30 drops.

Blisters, issues, and particularly setons in the neck, we have often tried, but rarely witnessed any benefit from them.

Opium has always been used at this institution in the treatment of insanity, and often with great success. In some cases it appears to be useless, and in a few injurious, particularly in those in which the skin is hot and dry, and the pulse full and hard. But such cases are rare. I do not, however, think it a remedy that of itself often cures this disease, but it is a valuable adjuvant to others, and secures a beneficial degree of calmness, that cannot be obtained without it.

I am pleased to find the experience of others in the use of this article in insanity has led them to adopt similar views. Pritchard in the first edition of his work on Insanity speaks disparagingly of its use, but in a later work he says, "There are few disorders in which so much benefit is derived from this remedy, as in cases of insanity."

We prefer a solution of sulphate of morphine, and Dover's powder, to any other preparations of opium.

Many cases, especially those of some months continuance, require invigorating diet, and tonic remedies. The insanity, or rather the causes that produced the insanity, such as grief, anxiety of mind, intemperance, &c., have already debilitated the system, and much caution is necessary not to increase this debility. Hence, although a patient may exhibit great maniacal excitement, and appear to have prodigious strength, there is usually danger in depleting.

The various preparations of bark, quinine, and other tonic remedies are here used, but no one preparation is so generally prescribed as the combination of conium and iron above mentioned, and from none have we seemed to derive so much benefit.—*Annual Report.*

TOTAL ABSTINENCE FROM ALCOHOLIC FLUIDS.

[In an article which we copied last week from the London Lancet, reference was made to some previous remarks in the same Journal, by Dr. Clutterbuck, a distinguished medical writer, on the subject of abstinence and temperance. In those remarks Dr. C. not only advocated the use of a generous diet, but also a moderate indulgence in spirituous liquors,

and alluded to the late Dr. Birkbeck as an example of the injury resulting from total abstinence. The following is one of the replies which have been made, in the periodical above named, to the "comfortable" doctrines of Dr. Clutterbuck. It is furnished by Dr. T. Beaumont, of Yorkshire, and will be found, we think, to harmonize with the views of a majority at least of the members of the profession in this country.]

I feel that I should ill discharge the duty which I owe no less to the claims of humanity than to the interests of science, if I omitted to notice an article which has appeared in the *Lancet* of the 16th inst., and headed "Dr. Clutterbuck on Total Abstinence and Temperance." That Dr. Clutterbuck should have selected the character of his early friend and former colleague as the subject of a paper recently read by him before the Medical Society of London, and of which he was for some years the able president, can excite no surprise, since that lamented individual possessed, in a high degree, those moral and intellectual endowments which marked him out as a most fitting object of public eulogium. I will not conceal from you, however, the disappointment which I felt on observing the loose manner in which Dr. Clutterbuck spoke of "total abstinence;" and more especially as, from his high reputation both as an author and a lecturer, besides being a physician of "such extensive experience," a high degree of deference will be paid to his opinion on a subject "so much agitated" and so vastly momentous. Now, when it is recollected that tens of thousands of valuable lives are annually sacrificed to the use of intoxicating drinks, it is not too much to aver that their influence upon the human system deserves the most calm and scientific investigation; at any rate, the dreadful havoc which is made on society by their general employment, is calculated to urge a deep and earnest inquiry how far they are *absolutely necessary for the sustenance of man*. This is, therefore, a question of intense interest, and ought not to be approached with indifference, or rejected with disdain; nor ought this great moral and physiological inquiry to be considered as coming only within the province of "temperance societies," since it involves considerations of the highest interest to the human family, and considerations which force themselves daily upon the attention of every medical man; and whether we are desirous of evading the question or not, it is quite impossible to avoid the direct responsibility which is entailed upon every member of the healing art upon a subject so closely allied to the public health. Sir Astley Cooper, in speaking on this subject to a friend only a few months before his death, said, "on this subject we have all been most sadly deceived;" and well he might, for on no subject has the public mind been so thoroughly abused as on the *nature and properties of alcoholic drinks*. All classes have been equally misled; nor have medical men been suffered to escape the "great delusion." There has, however, within the last few years been instituted, chiefly, it must be admitted, through the influence of "temperance societies," such a general agitation of this subject, that few are now disposed to concede to intoxicating drinks those salutary attributes which they were wont to possess; and even medical men, who appear almost the last to exhibit any sympathy with the "temperance" movement,

are more indebted to this source for sound and rational views on this subject than to the recognized principles of medical science. Not only have the phenomena resulting from intemperance been more clearly ascertained, but it has been suggested, and many enlightened and acute pathologists believed, that intoxicating liquors taken in "moderation" are injurious to the human frame; at any rate, it has been triumphantly demonstrated, that all kinds of intoxicating drinks may be dispensed with, and without any injury to the constitution; nay more, that the practice of "total abstinence" is, in a very high degree, salutary to the system; and if arguments were wanting to prove the efficiency and advantages of "teetotalism," they are furnished by millions in the individual experience of every abstainer from intoxicating drinks! Time was when this system was deemed to be utopian and absurd; and I confess myself to have been at one period as sceptical on this subject as any of my brethren. Nearly seven years' experience in my own person, however, and daily observation of those around me, have served to convince me of the truth and validity of these principles; and without committing myself to the dogmas of the hydropathists, I may be allowed to say that there is no department of medicine of more interest or of higher importance than a due consideration of those diseases which are directly or indirectly the result of *alcoholic agency*; for not only are there those glaring and more obvious symptoms which are familiar to the most superficial observer, but other and not less important affections which, although more occult and insidious in their influence, are equally fatal in their results, and which are too often unsuspected as to their real origin.

The time has gone by when any man can hope to succeed in upholding the former reputation of alcoholic drinks already tottering to its fall; and it must be vain for Dr. Clutterbuck to expect that he shall be able successfully to repudiate the principles of "total abstinence." It surely can be no sufficient argument to say that intoxicating drinks are necessary, because "ours is in a great degree a state of artificial existence." Do not most of our domesticated animals maintain an equally "artificial existence?" But Dr. Clutterbuck very wisely observes, "that experience in these matters ought to be our chief and only guide;" adding, also, that "diseases, peculiarly incident to a cold and variable climate like ours, such as, for instance, pulmonary diseases and scrofula in all its variety of forms (which, together, constitute the great mass of our diseases), are most effectually prevented by what is called a *generous diet*, both in respect to *food and drinks*; while in the treatment of diseases of this class the same general principles ought to be kept in view." With regard to "pulmonary diseases," there can be no doubt but that they are often superinduced by the use of intoxicating liquors; and highly as I approve of a "generous diet" in cases of scrofula in "almost all its variety of forms," I do not think that in order to constitute a "generous diet," it is necessary to employ *intoxicating drinks*. That system of diet must be the most "generous" which is the most nutritive; and as intoxicating liquors contain only a very limited supply of nutriment, and some none at all, I am led to the

conclusion that "nature" is under less obligation to intoxicating drinks than Dr. Clutterbuck would have us to believe. It is well known that *ardent spirits* possess no single property of nutrition. *Wines* for the most part but ill deserve the reputation which they have so universally acquired; few indeed can be relied upon as genuine; and many are "vile brandied compounds," imposed on society under the names of port, sherry, Madeira, &c. Franklin spoke only the truth when he asserted that a penny loaf contained more nourishment than a gallon of *ale*; nor will it be possible much longer to compound and synonymize *stimulation and strength*!

The great almoners of health are, wholesome food, pure air, moderate exercise, sound sleep and good water. The most "generous diet" may be supplied without a single drop of intoxicating liquor; and let it be recollected that alcohol, which constitutes the specific character of intoxicating drinks, is the fruitful parent of innumerable diseases, and so far from possessing wholesome and salutary properties even in those prophylactic combinations in which it is said to be disarmed of its deleterious properties, it is the same noxious and pernicious article. In the stomach it undergoes no change, but passes into the circulation without any mitigation of its character; it carbonizes the blood more rapidly than it otherwise would be; it enters the delicate and sensitive organs and tissues of the body, and in many ways lights up disease as palpably as it excites the brain to congestive inflammation and delirium. If we had not the advantage of direct "experience" on the subject, common sense and sound philosophy would suggest that the great wear and tear of life is occasioned by the exhausting influence of moral and physical excitement; "who would add momentum to an avalanche?" And is it not clear that to add the stimulus of intoxicating drink to the ordinary stimulus of arduous mental or bodily toil, is "lighting the candle at both ends?" Nor is it easy to admit the force of Dr. Clutterbuck's opinion, that intoxicating liquors "are required by the variable nature of our climate;" and here I would adduce not my own experience only, but that also of many others, whose occupations have exposed them to every vicissitude of this variable climate, and who have assured me that since they adopted the "total abstinence" principle, they have enjoyed a greater immunity from disorders and a more firm and robust health than ever they did previously.

Can Dr. Clutterbuck be insensible to the fact, that there are at this day living within the kingdom of Great Britain upwards of seven millions of total abstainers from all intoxicating drinks? Surely numbers cannot be wanting to prove the validity of the principles! And of these, are persons of all *ranks*, from the peer to the peasant; of all constitutions, from the athletic to the effeminate; of all occupations, from the laborious artisan to the sedentary employée; of all *ages*, from the infant at the breast to the veteran of 90; and of all parts of the kingdom, from "John o'Groats" to the "Land's end." So that so far as "experience goes, it is all on the side of total abstinence.

Children nursed on total-abstinence principles escape many of the disorders so common to childhood. Females who abstain from alcoholic

drinks enjoy, during pregnancy, an immunity from many distressing symptoms incident to this interesting period. Mothers who "abstain" prove, during lactation, the utter fallacy of those vulgar prejudices which assume the necessity for alcoholic drinks. Hereditary diseases, which are so common, more particularly *scurvy* and *scrofula*, are greatly mitigated, if not wholly destroyed, upon this plan. Convulsions, to which nurslings are so liable, and which are frequently supposed to require the gum lance, are too frequently caused by the alcoholic milk. During the adolescent period, when the rising generation is too commonly initiated into the use and relish of intoxicating liquors, "total abstinence" is of the highest importance, not only as preventive of a dangerous appetite, but also as tending to promote a sound and healthy state of the system at a period when the seeds of a premature decay are often sown by an indulgence in such liquors. Total abstinence is singularly serviceable in placing the constitution in a state favorable to an exemption from diseases; whilst those induced by a contrary practice are numerous and formidable. The ordinary headaches which follow alcoholic potations prove the peculiar sensibility of the brain to their morbid influence; and the usual phenomena which attend and follow a fit of drunkenness exhibit, in a striking manner, the influence of this excitement. Many of the nervous class of disorders are the certain fruit of spirituous excitement; whilst the most aggravated forms of apoplexy, paralysis, epilepsy and mania, are among the progeny of this prolific parent. Nor is it surprising that a system of diet, which is so detrimental to the healthy functions of the heart, the brain, the organs of respiration and nutrition, should induce a deteriorating influence upon the animal spirits, as well as the physical energies of the whole system; and startling as the opinion may be, it is scarcely too much to assert, that human nature may be sooner worn down by intoxicating drinks than worn out by hard labor; and it may be worthy of inquiry, whether there are not more deaths from the effects of moderate drinking than victims to intemperance; at any rate, no man who indulges in intoxicating drinks can say what mischief may ensue, or to what extent it may not proceed. I am aware, however, that wines and other alcoholic drinks are employed in the treatment of diseases by many eminent physicians; and if reliance is to be placed on their statements on this head, with actual advantage. I am bound to state, however, that in cases strictly analogous to those referred to, I have known equal success without anything of the sort, and I strongly incline to the belief, that I have frequently administered these remedies with disadvantage to my patients, and I greatly fear that thousands have been sent prematurely to the grave through the injudicious administration of alcoholic stimulants; at the same time, I can most readily believe that many recoveries have been protracted, if not prevented, by seizing the first opportunity that has presented itself on the subsidence of the more active symptoms, for commencing a course of stimulation, by which, in many cases, the dying embers of disease have again been lighted up, and secondary symptoms have been established, which have either terminated in death or in a sequela of difficult and uncertain removal. In convalescence, after fevers and other active diseases, I have generally

found that a light and nutritious diet has proved more serviceable than a contrary practice. Cases are continually occurring wherein the use of wines or malt liquor, more especially porter, are employed as tonics, and of this class the latter is quite a favorite! And in how many cases have they proved worse than useless? not unfrequently aggravating the symptoms for which they were prescribed! Dr. Clutterbuck cites the case of his deceased friend, which proves as strongly as anything can do the value of the principle for which I contend; and yet by way of corollary, in alluding to the *abstemious habits* of Dr. Birkbeck, he takes occasion to assail the system of total abstinence! "And this," he says, "I am induced to do for the purpose of remarking, that a rigid abstinence, in regard to either food or drink, is not, generally speaking, advisable;" adding, "It is no argument to say that intoxicating drinks are unnatural, and therefore injurious to the human frame. Nature does not supply us with adequate or proper food, unless herself stimulated by artificial means. There seems, therefore, to be no reason (*a priori* at least) for abstaining altogether from artificial excitement." And does Dr. Clutterbuck think such reasoning as this can vindicate the necessity for *alcoholic* drinks? He must take a limited, not to say a mistaken view of the matter, if he supposes that abstinence from spirituous liquors implies or involves a "rigid abstinence" with regard to food. No such thing. Nor is the proper excitement and really healthy stimulus connected with good and wholesome food to be confounded, any more than it is to be compared, with the morbid excitement of alcohol. It is equally superfluous for Dr. Clutterbuck to exclaim against the "ascetic" character of those who refuse to take intoxicating drinks, since we know such to be amongst the healthiest and the happiest of our species; nor can it avail anything to allude to individuals "who live to a great age, with an extraordinary exemption from disease, whose habits of life are far from temperate." Of such instances of tenacity of life, there can be but one opinion—they are rare *exceptions* to the general rule! Nor would Dr. Clutterbuck or any other physician risk his reputation on maintaining that those who "are far from temperate live to a great age, with an extraordinary exemption from disease." But Dr. Clutterbuck adds, "for myself, at least, I confess I am not of the *ascetic* tribe of philosophers who denounce as sinful everything in the shape of *enjoyment*, and who inculcate the notion that the only path to heaven is strewed with thorns." This, at least, is sufficiently intelligible; and after such a confession there need be "no mistake" as to the *animus* by which Dr. Clutterbuck is influenced in his opposition to total abstinence.

———"Non invidio,
Non tati auxilio, nec istis defensoribus,
Sed majis minor!"

CASE OF LITHOTOMY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case is at your disposal.

Erastus Dresser, of Sempronius, Cayuga Co., Oct. 19, of good constitution, has been for about five years occasionally afflicted with symptoms of calculus, such as pain in the loins, along the course of the ureters and down the pelvis and thighs, with slight numbness of the lower extremities, and difficulty of voiding his urine, which would at times only pass guttatum, or perhaps suddenly stop if passing in a full stream. These symptoms would sometimes come on while engaged in active exercise, riding on horse back or in a waggon, and sometimes while sitting upon a hard seat. On the 24th of May, 1842, he was attacked with more than usual severity, and on the 25th Dr. Wm. Cooper, of Kelloggsville, was called, who found him laboring under the ordinary train of symptoms attending calculus of the bladder—extreme pain and heaviness about that viscus, pain in the glass penis, with stillicidium urineæ, high fever, &c. Cathartics, febrifuges and diuretics were administered, and continued with some variation for three or four days, without affording any relief. Meantime repeated but fruitless efforts were made to introduce the catheter for the purpose of evacuating the bladder, which was becoming considerably distended.

On the 30th a consultation was called. The patient at this time was in extreme suffering; retention of urine almost total; great tumefaction and tenderness of hypogastrium; bladder distended, apparently to its utmost; fever high; pulse excited; profuse perspiration, and countenance expressive of great mental anxiety. On introducing the sound, a calculus was very distinctly detected at the neck of the bladder. As the patient required speedy relief, an immediate operation was resolved upon, which was performed by Dr. A. B. Shipman, in presence of Dr. Cooper, Dr. Powers and myself.

The patient being placed upon the table, in the position for the lateral operation, and other preparatory steps taken, the staff was introduced and held by an assistant with the handle inclined towards the right thigh. An incision of about three inches in length was made in the perineum, on the left of the raphe, and continued down to the membranous portion of the urethra; an opening was then made in the urethra upon the staff, with a common convex-edged bistoury, and extended to the prostate gland which was partially divided, when the point of the knife came in contact with the stone. The staff was then withdrawn and the stone extracted with a pair of small forceps, followed by a gush of urine. On introducing the catheter through the wound, a large quantity of urine, somewhat sanguineous, and containing much dark sediment, was drawn off. The wound was then dressed, and the patient put to bed, with the catheter passed into the bladder through the urethra. The calculus was of small size, about half an inch in diameter, of triangular shape, and was wedged into the neck of the bladder, producing much irritation and obstructing the passage. The patient expressing himself very comfortable, was left in the care of Dr. Cooper.

Saw him again June 8th. Learned from Dr. C. that everything progressed favorably, and wound was nearly healed. The patient, however, at this time experienced some little difficulty in voiding urine; catheter would not pass, probably in consequence of spasmodic stricture excited by the presence of the instrument. These symptoms passed off, without giving much inconvenience, and the patient is now entirely recovered.

H. O. JEWETT.

Cortlandville, N. Y., July 15th, 1842.

STUDIES IN PATHOLOGY.

[DR. C. R. GILMAN, Professor of Obstetrics in the College of Physicians and Surgeons, New York, gives the following contributions to pathological anatomy in one of the final Nos. of the late New York Medical Gazette.]

Extensive Tuberculization. Tubercle in the Walls of the Heart.
—A. M., a female child, aged twenty months, has always been delicate and feeble, appetite irregular, belly tumid. Has never had marked diarrhoea or other intestinal difficulty. During the past winter several scrofulous tubercles appeared on the skin, first as hard, white, flattened tumors, about half an inch in diameter, and apparently two or three lines thick. Slowly and without pain they increased till some of them were a full inch in diameter—with this change in size, a change in color to a deep purple-red was remarked in some, but not in all of the tumors, also some central softening. June 4th, the child, then in the country, was seized with symptoms of central irritation with some fever, and being brought to town, died on the way, rather suddenly. The body was examined, six hours after death, by Drs. Watts, Buel, Roberts and myself. On opening the cavity of the peritoneum, that membrane was found covered with small granular tubercles. They occupied not only the parietal peritoneum, but that covering the liver, the spleen and the intestines. The abdominal viscera were extensively glued together, and the omentum to the abdominal wall.

The chest was next examined; the lungs were healthy, but the pericardium was dotted over with tubercles, and on cutting into the left ventricle two small masses of tubercle were found imbedded in the wall. These masses were carefully examined by all the gentlemen present, and no doubt of their being true tubercle was entertained. The brain was examined, but no trace of tuberculous deposit was found in any part of the viscus or its membranes. The arachnoid about the fissura Sylvii was scrutinized with the utmost care, but no tubercles found. The glands of the neck had never been enlarged in this case, but those of the mesentery were very extensively diseased.

It is remarkable that so much chronic peritonitis should have existed in this case without any very distinct symptoms. This child never complained of pain or soreness when the belly was pressed, nor had she any great amount of intestinal disease at any period of her life.

Gall Stones encysted in the Walls of the Gall Bladder.—M. D.,

aged 35, died June 11th, of cardiac disease. On examination, present Drs. Kissam, Watts, Parker and myself, the heart was found enormously hypertrophied in all its parts, no disease about the valves or great vessels. The pericardial sac was completely obliterated, its two surfaces adhering closely and intimately throughout. The adhesions were very firm and old. The endocardium in the auricles was somewhat thickened, and had an abnormal yellow tinge. Was the hypertrophy in this case consequent upon the adhesion? Probably it was. The degree of adhesion existing in this case would impede the action of the heart very considerably, and the additional labor thus thrown upon the organ might very naturally cause an augmentation of its muscular structure. The liver was large, and presented that peculiar mottled appearance called *nutmeg liver*. The gall bladder contained six or eight gall stones about the size of large marbles. Its coats were thickened, and at one point on its external surface a stone the size of a pea was embedded in its substance. By careful dissection and examination it was made entirely certain that this stone was fairly beneath the mucous coat of the gall bladder, and not merely sacculated as we now and then see stones in the bladder. The fact, though not of any practical importance, was new to the gentlemen present, and is therefore worth recording.

Vascular Tumors around the Verge of the Meatus Urinarius.—By the kindness of Professor Parker, I was present at an operation performed by him June 7th, 1842, for the removal of one of these very troublesome excrescences. The patient, a widow lady of about thirty, had been annoyed by it for three or four years, and of late the irritation had become so great as to render walking or riding in a carriage nearly impossible.

On examination, the tumor, about the size of a small pea and of a fiery redness, was found to occupy the inferior margin of the meatus urinarius. It was excessively tender, soft and spongy, breaking down at the slightest touch. On very careful inspection I found that besides the main tumor, the mucous membrane for a small space around the meatus was occupied by several red points or very minute tumors, scarcely larger than the point of a pin, but of the same fiery redness as the main mass. Some of these were at the distance of half an inch from the large tumor, and would undoubtedly escape any but a very careful inspection.

It is well known that these vascular tumors about the meatus, though clearly not malignant, are very apt to return after attempts are made to extirpate them. May not these supposed returns be in fact the development of another and another of the minute points here described, which from its extreme smallness has escaped the notice of the operator, and from its distance from the main tumor is not reached by the knife or caustic?

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 27, 1842.

MEDICINE AND SURGERY IN QUEBEC.

PERHAPS there are no practitioners in the British American Provinces better educated for the several departments of professional life to which they are devoted, than those of the city of Quebec. Those who are most distinguished, are natives of Scotland, England or France, where they had all the advantages of elevated scientific instruction in early life. A very few only, residing within the walls, who are engaged in practice, were born in Lower Canada. There are several, a younger class of aspirants, in the suburbs, who acquired their professions in the States. It is considered that the advantages to be derived from an attendance on the lectures in Boston, New York or Philadelphia, are now quite as valuable to Canadian students, as those of Edinburgh or London, so far as the great and leading principles are concerned. A fact that is stated in an American school, would still be but a fact when presented in Europe.

The admirably-conducted hospitals, too, of the Atlantic cities, are appreciated by the medical gentlemen of the Provinces, or they would not so generally recommend their pupils to forego the fatigues of a voyage to the mother country, in pursuit of a species of knowledge that is attainable nearer home. From a personal intercourse with those who are able from their position in society to influence the public sentiment, we feel assured that the confidence of the Canadian physicians in the medical institutions of the States, is increasing, and the evidence of it will be shown in an annual increase of students from the British American Provinces.

A medical school exists at Quebec, which is confided to the care of able men, such as Dr. James Douglass, Dr. Morrin, and some others, who are well known to the world. Of the number in attendance on the lectures, ordinarily, we have not ascertained. This much, however, is certain, that the College is considered to be firmly established, and constantly gaining in character and in public esteem.

The Hotel Dieu, established in 1636, by the Duchess D'Aiguillon and Cardinal Richelieu, is the oldest hospital, probably, on the American Continent. The *Sœurs de Charité* have the entire management of its finances, and elect the medical officers. The patients increase or diminish just in proportion to the value of the rents of buildings belonging to the nuns. If many of their houses are vacated, or unusual repairs are required to keep the property tenantable, then they have less money to bestow in charity. They are admirable economists—since they never owe a farthing; nor do they allow any money to accumulate on their hands. At the close of a year the institution is always free from debt. The nuns, too, decide upon admissions and grant discharges, influenced, however, in either case, by the advice of the medical attendants—whose services are gratuitous. The Hotel Dieu, as a specimen of ancient architecture, is a rare curiosity. Its interior is no less rare than its exterior. Extreme neatness, comfort, order, and unceasing kindness towards the sick, characterize this unpretending charity.

The Marine Hospital is of recent origin—a noble stone structure without the walls, at the mouth of Charles river, and not yet completed.

At Grosse Island, 27 miles below Quebec, there is another hospital which takes cognizance of all diseases brought in from sea. At the present time, owing to the immense rush of Irish emigrants, many of whom arrive in a feeble condition, the effects of a long and tedious voyage, two hundred patients, principally with fevers, are in this hospital. Dr. G. M. Douglass, the attending physician, is constantly occupied, therefore, with the duties of his office.

Although the cities of Lower Canada are abundantly supplied with an industrious, learned body of physicians, the country towns are wofully neglected. There is not a single practitioner for fifteen or twenty miles to the north and west of Quebec. Beauport, a thriving agricultural town, four miles distant; Charlevoix, seven miles; and Lorette, nine miles—delightful residences, commanding unrivalled and extensive scenery, with excellent Macadamized roads to the city—have neither of them either a physician or druggist, and the people are obliged to send to Quebec for medical advice and assistance. Yet, from a general examination of those and other towns equally destitute, we see no reason why a physician would not succeed to his entire satisfaction in either of them.

When physicians from the States contemplate establishing themselves in the Canadas, their diplomas must necessarily be lodged with the medical board of examiners. An examination may be required, but ordinarily a degree or license is sufficient evidence of the qualifications and respectability of the applicant. The board were never known to place obstacles in the way of any one who emigrated from the States.

Puerperal Fever.—The Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, for May, June and July, contains a full account, given by Dr. Condie at the meeting of May 3, of a peculiarly malignant puerperal fever which was prevailing at that time in the southern sections of that city. The disease is stated by Dr. C. to have occurred alike in the young and middle aged, the robust and the delicate, and nearly every case which he had noticed had thus far proved fatal. The rapidity and ease of the labor were considered to have no influence on the disease, nor did a first confinement lessen or increase the danger. The first symptoms, as detailed by Dr. C., are as follows:—

“Usually, within the first three days, but sometimes within a few hours, after delivery, the patient was seized with a chill, differing in intensity in different cases—being sometimes so slight as scarcely to attract attention, while at other times it amounted to a perfect rigor. The chill was quickly succeeded by a febrile re-action, attended with a hot, dry skin, some thirst, a white milky fur upon the tongue, and a quick, rapid pulse, amounting in some cases to 160 or 170 and upwards in a minute. The pulse was often full, but invariably soft and compressible. There was, from the very onset of the disease, a peculiar anxious or distressed expression of the countenance—and a mottled or irregular flushed appearance of the face. The patient, soon after the attack, generally complained of some soreness or dull pain—often confined, at first, to the groins or across the hypogastric region. The pain was increased upon pressure. It very speedily increased in intensity, and spread over the whole of the abdomen, which now became tumid and more or less tympanitic.”

The bowels were usually constipated, but Dr. C. always found them easily acted upon—after which small portions of slightly dissolved mucus were discharged, with considerable tenesmus. The stomach was extremely irritable, and occasionally a greenish flocculent fluid was vomited. Generally the secretion of milk, as well as the local discharge, was greatly diminished. The respiration soon became short and oppressed, with great sense of weight at the præcordia.

"As the disease progressed, the abdomen became, in general, more swollen, tense and painful; the shortness of respiration more striking, and the pulse more frequent, quick and feeble—the countenance of the patient assuming a very peculiar, dusky hue, and dejected expression. The irritability of the stomach increased—vomiting became frequent—and, very commonly, there speedily ensued a discharge from the stomach, at short intervals, by a species of eructation, of mouthfuls of a dark greenish or chocolate-colored, flocculent fluid, which, according to Dr. C.'s observation, was invariably a fatal symptom; it being very soon succeeded by a cold, clammy condition of the skin, occurring first in the extremities—a dark leaden hue and haggard expression of the countenance—a sunken state of the eyes—profuse perspiration, especially about the head, face and superior extremities—and death, which generally occurred upon the third or fourth day of the disease. In but few cases was the disease protracted beyond the fifth day."

Dr. Condie states that he has become convinced that this fever is capable of being communicated by contagion. In proof of its being so communicated, he mentions the fact that in one district the disease has been exclusively confined to the patients of a single physician extensively engaged in obstetrical practice, scarcely a female among them, who had been delivered for weeks past, having escaped an attack.

With regard to the treatment, Dr. C. states that it has been various in the cases that have fallen under his notice. Venesection, followed by active purgation, was fully tried, "succeeded by fomentation and blisters to the abdomen—and Dover's powder, the nitrous powders, with calomel, pills of blue mass, opium and ipecacuanha, spirits of turpentine, &c., internally." But the disease has appeared, however treated, as already remarked, to run pretty much the same fatal course. Blisters to the abdomen were found beneficial in abating pain and intumescence—and over the præcordia, they sometimes relieved the difficulty of respiration. In the Philadelphia Hospital, in every instance in which venesection had been resorted to, the patient died. It is stated that a majority of the children of females who had died, are still living and doing well.

In three cases a post-mortem examination had been made by Dr. Ashmead. In the first case there was "general peritoneal inflammation, with slight effusion of serum, with flocculi floating in it; serous infiltration in the cellular tissue of the broad ligaments, a little lymph on the surface of one of the ovaries, a rose-colored blush covering the peritoneum of the uterus and intestines, no adhesion among the intestines, and great tympanitis. The uterus being laid open presented a perfectly natural appearance. In the second case, the patient had died on the sixth day. There was the same appearance of peritoneal inflammation, but in a higher degree, with serous effusion, and slight recent adhesions between the peritoneal surfaces of the intestines. Pus was found in the cellular tissue of the broad ligaments, in the structure of the uterus, and Dr. A. believed, also, in the cavity of the veins—the uterine cavity was

healthy. This patient had vomited a dark or coffee-colored substance, a quantity of which was found in the stomach after death. In the third case, the patient had died on the third day. A large quantity of lymph was found effused in the cavity of the peritoneum, with a copious deposit of pus in the broad ligaments. Dr. Ashmead thought that the veins were also involved in this case, but Dr. Hodge, who was present at the autopsy, did not consider the appearance sufficiently positive to substantiate this conclusion. In this, as well as in the other cases, the liver, spleen and kidneys were softened, as is seen in cases of low, malignant fever. In one of the cases, the stomach contained a fluid resembling coffee grounds, and probably the same as the black vomit of yellow fever; the follicles of the mucous membrane of the stomach, were in this case enlarged, although its mucous surface was not inflamed. Dr. Ashmead had participated in the treatment of several cases. In one case the patient really seemed to have improved, and there appeared to be a fair prospect of recovery, had it not been for the enormous tympanitis, which by preventing the free action of the lungs, was, in the opinion of Dr. A., the immediate cause of death in these cases. Efforts were made to draw off the gas by the tube and syringe, but without success, and the patient died. It was found after death, that the gas occupied the small intestines, the colon being nearly empty, which accounted for this failure. Dr. Ashmead had seen leeches used largely in one case, with great relief, and with an apparent improvement in the pulse, but the patient died. He had also tried the free use of tartar emetic, with no better result. He had not certainly the same fear of depletion as Dr. Condie—notwithstanding the unfavorable result of the cases in which he had seen it resorted to."

Much discussion by the members of the College followed Dr. Condie's account of the disease, which we have greatly condensed above, but our limits forbid any further quotations the present week. At the meeting of July 5th, Dr. C. stated that few cases occurred after the meeting of May until the latter part of June, when several cases again appeared, two of which were speedily fatal.

Sudden Death from Spontaneous Rupture of the Spleen.—A soldier, who had suffered several attacks of intermittent fever, was found dead, and was thought to have been murdered. In the examination of the body, the abdomen was observed to be swelled as in ascites, and a puncture gave vent to a large quantity of blood. The spleen was extraordinarily enlarged, and had assumed an oblong shape from above downwards, occupying all the left side of the abdomen, displacing the liver and stomach to the right. On its anterior surface was a fissure, two inches in length. The splenic vein was much dilated, the arcuolæ of the spleen also much enlarged; this was especially remarkable in the neighborhood of the fissure. The condition of the spleen was at this point truly aneurismal, and the mechanical engorgement which the organ had undergone was so great that rupture took place.—*Journal des Connaissances Médico-Chirurgicales.*

Number of deaths in Boston for the week ending July 23, 43.—Males, 18; Females, 25. Stillborn, 3. Of consumption, 7—measles, 1—lung fever, 2—accidental, 1—teething, 2—intemperance, 1—drinking cold water, 1—smallpox, 1—cholera infantum, 3—dysentery, 1—typhus fever, 2—scarlet fever, 7—infantile, 3—cholera morbus, 1—dropsy, 2—disease of the spine, 1—bilious fever, 1—inflammation of the stomach, 1—old age, 1—marasmus, 1—inflammation, 1—hydrothorax, 1.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

Session of 1842-43.

The Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	ROBERT HARR, M.D.
Surgery, by	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	HUGH L. HODEN, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	-	-	W. W. GERHARD, M.D.
Clinical Surgery, by	-	-	DRS. GIBSON AND HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the policy of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materia Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants. 253 Chestnut street, Philadelphia, August 1, 1842.

Jy. 27—septN10

W. E. HORNER, M.D.,
Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private, and in their rounds of practice, to such gentlemen as desire it.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

The annual course of Medical Lectures in this Institution will begin on the last Monday of October. There will be two annual sessions, the first of which will terminate on the last day of February, when candidates for the degree of Doctor of Medicine will be examined. The lecture fees for this term, are \$105.

The second term of instruction will begin on the third Monday of March, and will be continued until the middle of June, when another examination of candidates will take place. The entire fees for this course are \$50.

The spring term offers the following advantages to the student of medicine: 1st. He may annually attend a course of seven instead of four months. 2d. If he graduate at the close of the winter term, he will be allowed to attend the spring term gratuitously. 3d. If the candidate for graduation at the winter Commencement be found unprepared, he will be permitted to attend the spring course gratuitously, and to pass another examination. 4th. An attendance on two spring courses will be received as an equivalent for one winter course.

The surgical clinique is continued every Saturday throughout the year.

VALENTINE MOTT, M.D., Professor of the Principles and Operations of Surgery, and Surgical and Pathological Anatomy.

GRANVILLE SHARP PATTISON, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN REVERE, M.D., Professor of the Theory and Practice of Medicine.

MARTYN FAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

Appointments by Professors of Surgery and Anatomy.

JOHN CARNOCHAN, M.D., Prosector to the Professor of Surgery.

JOHN H. WHITAKER, M.D., Demonstrator to the Professor of Anatomy.

New York, July 14, 1842.

Jy. 27—septN1

JOHN W. DRAPER,

Secretary to the Faculty.

MED. DEPARTMENT OF THE COLUMBIAN COLL., WASHINGTON, D. C. FACULTY.

THOMAS SWALL, M. D., Professor of Pathology and the Practice of Medicine.

HARVEY LINDSLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

FREDERICK HALL, M.D., LL.D., Professor of Chemistry and Pharmacy.

WILLIAM P. JOHNSTON, M.D., Professor of Surgery.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Lectures of this institution will commence on the first Monday in November, annually, and continue until the first of March.

The entire expense in a course of lectures by all the Professors, is \$70. Dissecting ticket, \$10.

Good board can be procured at from \$2 50 to \$3 per week. Most of the students during the last session paid but \$2 50 per week.

Washington, April, 1842.

July 27—septN1.

HARVEY LINDSLY, M.D., Dean.

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lecture Term, for 1842-3, will commence on Thursday, September 29th, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D., LL.D.
Theory and Practice of Physic, by	ELI IVEY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.
Materia Medica and Therapeutics, by	HENRY BRONSON, M.D.
Lecture fees, \$68.50.—Contingent bill, \$2.50.—Matriculation fee, \$5.—Graduation fee, \$25.	
New Haven, July 7, 1842. Jy 13—tL CHARLES HOOKER, Secretary.	

ALBANY MEDICAL COLLEGE.

The annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBERNEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al.27—tO

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—eptm JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

The subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH.
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

MAYNARD & NOYES.

IMPORTERS and wholesale dealers in drugs and medicines, surgical instruments, &c., No. 11 Merchants' Row, Boston. Physicians from the country may be sure of receiving from our establishment none but the best of medicines, on satisfactory terms, for cash or credit, and are invited to forward their orders. Je 15.—lamly

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

The undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1842.

My 25—

HENRY G. CHASE, M.D.,

No. 204 Hanover street, Boston.

INFIRMARY AT CONCORD, N. H.

For the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.

WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, AUGUST 3, 1842.

No. 26.

ON THE HYDROPATHIC TREATMENT OF FEVERS.

BY R. H. ALLNATT, M.D., A.M., F.S.A.

THERE are some disorders to which the application of cold water, as a remedial agent, appears so unequivocally indicated, as to render it a matter of surprise that, after having been suggested, and its claims rendered apparent, it should ever have fallen even into partial disuse. The enthusiastic genius of Priessnitz may have impelled him and his votaries into some extravagancies beyond the bounds of legitimacy and prudence; but after the system shall have been divested of the marvellous, and rendered amenable to unbiassed investigation, the result will furnish, I think, to the practitioner, many rational, valuable and available resources.

The practice of applying cold water in the treatment of fever was not unknown to the ancient physicians; but although so obviously indicated, and its efficacy so strongly urged by the late Dr. Wright, of Jamaica, and Dr. Currie, of Liverpool, in the hot stages, it has never become general. In the London Medical Journal for 1786, several cases are detailed, from the pen of Dr. Wright, of the successful treatment of fever by cold ablution. He succeeded in arresting the progress of the disease in his own person, after twice applying the remedy, and from personal experience of its immediate effect, he employed it successfully in other cases. Dr. Currie subsequently extended the principle, and regulated the practice from accurate observation of its salutary action.

It is unnecessary perhaps to enter here into the etiology of fever, or the effects which follow the introduction of morbid poisons into the system. These effects are apparent, but the exciting cause is still involved in obscurity. It will suffice for our present object to state, that when the skin grows preternaturally hot, the time for cold ablution has arrived.

A young woman came lately under my care laboring under typhoid fever, consequent upon synochus of long duration. She had been the tampered charge of a renowned Homœopath, and had been drugged by decillionths into the jaws of the grave. I found the skin steadily hot, without perspiring; aphthæ had formed about the tongue and lips, and there was transient delirium at night. After attending to the state of the bowels, I ordered cold applications to the heated surface, and with immediate benefit; the delirium ceased, she regained her mental tranquillity, and awoke refreshed after each successive application.

I am aware it is the practice of some physicians to do little else in cases of fever than foment the surface, and exhibit ice internally. An

intelligent practitioner, Dr. Gully, who has lately published a work on "The Simple Treatment of Disease," has followed this practice for years, and, he tells me, with great success. If there be visceral disease, this method, in combination with local bleeding, recommends itself by its simplicity, and the evidence we obtain of its efficiency. If, however, no lesion exist of an internal organ, hot topical applications are not indicated.

It is not requisite, in this country at least, that the sufferer should be half drowned, by having, as have been recommended, buckets of cold water dashed over his body. An equally efficacious and certainly less objectionable mode of procedure, is to take the patient from the bed, lay him on the floor (or in a bath, if there be one convenient), and affuse the body with a gentle shower from the nose of a common waterpot. The effect is to reduce the morbid heat, lower the pulse, induce perspiration and sleep, and augment the stagnant secretions; and, in nine cases out of ten, no ill effects will follow, if the operation be performed with due consideration.

The following rules, recommended by Dr. Currie, appear to embrace all the precautions requisite to be observed;—

1. The remedy should not be used when there is any considerable sense of chilliness, although the thermometer indicate a morbid degree of heat. If the affusion be employed during the cold stage of fever, the respiration is nearly suspended, the pulse becomes feeble and fluttering, and of incalculable frequency, the surface and extremities are doubly cold and shrivelled, and the patient seems to struggle with the pangs of instant death. Under such circumstances the affusion of a "*few buckets*" of cold water would extinguish life!

2. Cold affusion ought never to be employed, when the heat, measured by the thermometer, is less than, or equal to, the natural heat, notwithstanding the patient feel no sense of chilliness. This is sometimes the case towards the last stages of fever, when the powers of life are weak.

3. It is also necessary to abstain from the use of this remedy when the body is under profuse sensible perspiration; and this caution is more important in proportion to the continuance of this perspiration. In the commencement of sweating, especially if it has been brought on by active exercise, the affusion of cold water on the naked body, or even the immersion in a cold bath, may be hazarded with little risk: but after the sweating has continued for some time and flowed freely, especially if the body has remained at rest, affusion or immersion is attended with danger. Sweating is a cooling process in itself; but in bed it is often prolonged by artificial means, and the body prevented from cooling to its natural degree of heat. In this situation, Dr. Currie states that the heat sinks rapidly on the exposure of the body to the air, and that the application of cold water, either by affusion or immersion, is accompanied by a loss of heat, and a deficiency of re-action, altogether incompatible with safety.

According to the same author, if affusion be employed on the first or second day, with the precautions recommended, the progress of the fever is often checked; but it is seldom successful when applied so late as the third or fourth day; though when administered on the eighth or tenth, or even later, it moderates the symptoms, and shortens the duration of the fever.

Dr. Tweedie states, "the advantages of the cold affusion, in the acute or inflammatory forms of fever, have been acknowledged by almost every writer or practitioner who has adopted the practice. My own experience of it certainly accords with that of others, as to its efficiency in reducing the febrile heat and moderating the symptoms."

In the early and acute stages of the genuine exanthemata, cold affusion has been resorted to with success. The testimony of Dr. Bateman as to its utility in scarlatina, especially that of the anginose form, is as follows: "We are possessed," he says, "of no physical agent, as far as my experience has taught me (not excepting even the use of bloodletting in acute inflammation) by which the functions of the animal economy are controlled with so much certainty, safety and promptitude, as by the application of cold water to the skin under the augmented heat of scarlatina and some other fevers. This expedient combines in itself all the medicinal properties which are indicated in this state of disease, and which we should, *a priori*, scarcely expect it to possess; for it is not only the most effectual febrifuge (the *febrifugum magnum*, as a reverend author long ago called it), but is, in fact, the only sudorific and anodyne which will not disappoint the expectation of the practitioner. I have had the satisfaction, in numerous instances, of witnessing the immediate improvement of the symptoms, and the rapid change in the countenance of the patient, produced by washing the skin. Invariably in the course of a few minutes the pulse has been diminished in frequency, the thirst has abated, the tongue become moist, a general free perspiration has broken forth, the skin has become soft and cool, and the eyes have brightened; and these indications of relief have been speedily followed by a calm and refreshing sleep. In all these respects the condition of the patient presented a complete contrast to that which preceded the cold ablution, and his languor was exchanged for a considerable share of vigor. The morbid heat, it is true, when thus removed, is liable to return, and with it the distressing symptoms; but a repetition of the remedy is followed by the same beneficial effects as at first."

In measles, also, the application of cold water has been adopted with success in the early stages. Kæmpfer assures us that, at Java, the children die of the measles if they are not washed with cold water. Guersent says, he would not hesitate to apply the remedy where there was pure debility, free from disease of the chest.

In the ardent stages of the eruptive fever of variola, cold affusion has been attended with beneficial results.

Dr. Currie was of opinion that salt water may be applied with more advantage than simple water, and persisted in for a longer period with less hazard to the patient. There can be no objection to the addition of salt, as it may, by its gently stimulating action upon the skin, more speedily promote perspiration. The abstraction of morbid heat, however, is the main object of the practitioner, which induces a powerful and salutary re-action.

In the category of diseases treated by cold water, those, I trust, which I have briefly noticed will hereafter assume a conspicuous position. It is, I know, the mere revival of an old, and, I am sorry to add, well nigh

obsolete, practice; but I am assured that none could well be so safely consigned to the tender mercies of the Hydropath as many of the exanthemata and febres.

The practitioner should never be deterred, by the mere repugnance of his patient, from employing so efficient and powerful a remedy, in every case in which it is clearly indicated. The *debacle* of the bucket system might indeed overwhelm the ardent and morbid imagination with an idea of its terrible grandeur; but the immediate relief obtained by the sufferer after a judicious application of a moderate supply of the "invigorating fluid," will speedily transform him into a suppliant proselyte.—*London Medical Gazette.*

SEVERE INJURY TO THE PERINEUM.

BY M. D. THOMPSON, M.R.C.S.L.

ABOUT 4 o'clock, P. M., on the 24th of December, ult., I visited S. K., of this town, an athletic subject, of low stature, who then stated that he had been severely kicked when fighting, a few hours previously, betwixt his thighs. On examination, the upper parts of the thighs and the lower part of the abdomen were discolored; the perineum and scrotum were discolored and distended; the scrotum was distended to such a degree, as to increase its magnitude to that of an infant's head eighteen months old; blood also being discharged from the orifice of the urethra. Immediately preceding the incident he had evacuated his bladder. Leeches and cold applications to be applied to the perineum.

December 25.—He is not afflicted by any constitutional irritation, but he has passed no urine since the occurrence; the parts are more distended and discolored. On attempting to pass a catheter into the bladder, arterial blood, by the sides of the catheter, is discharged. When the catheter was withdrawn and pressure applied, by a cold iron pound-weight, to the perineum, the hæmorrhage ceased. In the afternoon, about 1 o'clock, Messrs. Barker and Pearson, two surgeons of this town, and myself, held a consultation relative to the case; after which a catheter was introduced into the bladder, from whence nearly two pints of urine were removed; then the integuments and superficial fascia of the perineum and posterior parts of the scrotum were divided, by an incision being carried through them, extending from nearly half an inch from the anus to the upper portion of the posterior part of the scrotum, along the course of the raphé; from whence, by a little manipulation, apparently two pounds of coagulated blood were removed; then the catheter was fixed and left in the bladder, and anodyne fomentations advised to be constantly applied to the parts.

Subsequently no hæmorrhage returned, and the case improved so rapidly, that on the 27th, only two days after the operation, the scrotum had resumed nearly its usual magnitude; when the catheter, by the urgent request of the patient, was removed. The wound was poulticed, and a suspensory bandage applied to the scrotum. During the remainder

of the day, and in the beginning of the following night, the patient voided his urine several times.

About 10 o'clock, A. M., on the 28th, his skin was very hot and dry ; his eyes glazed ; his pulse very quick ; his tongue coated ; the urine discharging itself through the wound in the perineum. On examination, a breach, nearly an inch long, was discovered in the membranous part of the urethra. He stated that during the time, from 10 on the preceding night until 4 o'clock this morning, he had slept well, when he was awake by shivering, and the pain arising from the urine discharging itself through the wound. Re-introduced the catheter along the course of the urethra into the bladder, and prescribed two grains of calomel and ten grains of powdered jalap, to be administered to him every two hours, until his bowels had been copiously evacuated.

At 2 o'clock, P. M., the medicine had operated sufficiently, otherwise he was much the same as on my previous visit. Prescribed a quarter of a grain of tartar-emetic, and two grains of calomel, with an ounce of the mixture of the acetate of ammonia, to be administered to him every four hours.

At 8 o'clock in the evening the pyrexia was much increased ; his pulse was very quick and wiry ; and his abdomen painful on pressure. To be bled to fainting. Directed bran poultices and anodyne fomentations to be applied to the abdomen.

The following morning, the 29th, the constitutional irritation very much abated, when he complains only of pain in the bladder. The medicine to be continued as before.

On the 30th, he continues convalescing ; but the powders were omitted, in consequence of having occasioned considerable bilious excretions and thereby irritation in the mucous membrane of the bowels. The mixture was continued, and ten grains of Dover's powder prescribed for him at bed-time.

The case progressed favorably until the 2d of January, ult., when about 4 o'clock, A. M., he was violently seized by vomiting and purging.

At 10 o'clock, A. M., his countenance was sunk, and expressive of great anxiety ; his skin cold, and covered by a clammy perspiration ; his pulse slow and fluttering ; his abdomen tympanitic ; and he was restless and afflicted by bilious vomiting and purging. Brandy, in sago, or arrow root gruel, to be plentifully administered to him ; also the following mixture : R. Sesqui-carbonate of ammonia, gr. xij. ; mint water, f ʒvj. ; compound tincture of cardamons, f ʒss. ; tincture of opium, grt. cxx. Ft. M. Two tablespoonfuls every four hours.

At 2 o'clock, P. M., his pulse regular ; his vomiting and purging ceased ; his restlessness abated ; in fact, there was a general improvement in the case, and he was inclined to sleep.

About 10 o'clock, A. M., on the 3d, his abdomen is tympanitic, and he complains of pain of it, increasing on pressure. He has had no motions since yesterday ; otherwise he is doing well. Advised a turpentine clyster to be administered to him : the medicine and food to be continued as before.

On the 4th he was doing well ; the clyster had operated copiously ;

the wound was apparently healthy and granulating, but one of its edges overhanging the other. Sutures, compress of lint, adhesive straps, and tapes applied, to adjust and keep adjusted the edges of the wound. This plan of treatment was continued until the cure was completed, each dressing being renewed only once a week. Prescribed an ounce of the infusion of cascarilla, containing five grains of the sesqui-carbonate of ammonia, to be administered to him three times daily.

Subsequently his recovery was gradual, although occasionally he had attacks of tenesmus; but these were speedily removed by starch clysters, containing laudanum. His diet was liberal, consisting of animal food, vegetables, and wine or porter daily, intended to support the powers of the constitution during the process of reparation.

At the expiration of five weeks subsequent to the occurrence he was discharged cured, without any bodily inconvenience. During the treatment a catheter, either metallic or elastic, of full size, was introduced along the course of the urethra into the bladder, and therein retained, being cleaned or exchanged every fourth day. For the first fortnight the urine generally discharged itself through the canal of the catheter, occasionally through the wound; subsequently it generally discharged itself through the canal of the catheter, occasionally through the urethra, around the circumference of the catheter.—*London Lancet.*

DISLOCATION OF THE HIP-JOINT.

BY JAMES JOHNSTON, SURGEON.

I AM induced to offer the following case as a contribution to your Journal, not so much from the rare occurrence of the particular dislocation of the hip-joint, as from the extremely simple nature of the accident which gave rise to it. I doubt much if a case has ever occurred before of displacement of the head of the femur from a mere stumble, unaccompanied by any external violence, as in the following case.

On the 4th of May, Christopher Ward, private in the 14th regiment of infantry, aged 27, a moderately muscular man, while in a state of intoxication stumbled in his barrack-room, the floor of which was wet from recent washing, and, as reported by his comrades, fell with his legs astride, and without coming in contact with any article of furniture in falling. On being assisted to rise he was unable to put his left foot to the ground, and in this state was carried to the cells as a prisoner. There he remained till sober, when he complained of very severe pain in the groin and surrounding parts; so much so, that previous to the examination of the limb his violent gestures of pain gave rise to a suspicion that he was overrating his sufferings. On examination, however, the following appearances presented themselves:—Placed in an erect position, supporting himself on the right leg, there was an involuntary tendency to bend the body forward, and to the left side, to relieve the iliacus and psoas muscles, nerves, and vessels from an unusual extension to which they appeared to be exposed. The left thigh was almost immovable, considerably flexed on the body, everted, and removed from the mesial line; the knee

flexed, and toe touching the ground. Measurement from the anterior superior spinous process to the condyles gave an increase in length of one inch and three quarters on the left side over the right. These proofs, with the increased distance between the anterior superior spinous process and greater trochanter, the tenseness and rigidity round the articulation, the flatness in the region of the trochanter, and the unusual fulness at the inner edge of the fold of the nates, all clearly established the diagnosis of dislocation of the femur into the obturator foramen.

In proceeding to reduction the following arrangements were made:—The man being placed on a mattress on the floor, a soft sheet, carefully folded, was used as the means of counter-extension, passing between the nates, forwards between the thighs, the scrotum being removed to the right side. The sheet, after being so adapted as to make the extension as directly as possible on the pelvis, was attached under the right shoulder to a fixed point in the room, and intrusted to one assistant. Three other assistants were then directed to extend gradually in the present direction of the femur by means of the usual woollen apparatus, applied above the knee. Another assistant was employed to rotate the femur and facilitate the dislodgement of the head of the bone; whilst another, with a towel placed around the upper part of the femur, attempted to draw the head of the bone outwards, whilst his knee was applied forcibly to the dorsum of the ilium, to counteract the tendency there might be to its escape there, by sliding past the acetabulum. After the extension had been thus powerfully employed for a quarter of an hour without the desired result, it was arranged that while employing full extension at a given signal it should cease, while the other assistants depressed the knee and carried it inwards, the head of the bone being drawn outwards. This had the desired result; the dislocation was proved to be reduced by the disappearance of all the previous deformities.

We repeat, that the chief feature of interest in this case is the simplicity of the cause producing the accident. The possibility of such an occurrence has been denied by several writers, and in all probability it may be the only case of the kind put on record.

The man states that he has never had a dislocation of any other articulation; neither does he appear to have any tendency to laxity in the ligaments. He is recovering the use of the limb rapidly.—*Ibid.*

PHLEGMASIA DOLENS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having ever considered it the duty of each member of the medical profession to make known anything and everything which he may discover, either in relation to the pathology, or means of relief, of any of the various “ills that flesh is heir to,” I am induced to throw out a *hint* respecting the nature and character of “*phlegmasia dolens*,” concerning which, as you know, various conjectural theories have been advanced explanatory of its nature and causes, and accounting for the phenomena of this perplexing disease; and, after all, leaving it

involved in obscurity. Nor have we been, *experimentally*, any better satisfied with any plan of *treatment* which has been recommended or adopted, the disease having always run a course, unmolested and unrelieved by medicine, so far as I have learned either from my own experience or that of others with whom I have been conversant. It is not my design to give any *theory* as to the origin or cause of the disease, or to attempt to explain all its phenomena, even upon the view which I have, for a few years, entertained as to its nature or character. These I leave for abler pens and wiser heads than mine. Practical *facts* I have always considered of more importance to the *profession*, than *fine-spun*, inexplicable *theories*.

I observe, then, that an incident occurred, a few years since, in the case of an individual who had some years before been a subject of this disease, and whose limbs were still swollen, attended with small ulcers, and accompanied, as she said, with "*pain* similar to what she experienced when laboring under the first attack of the disease," which suggested to my mind, its *neuralgic* character. With this view of the case, I prescribed for it to the relief and comfort of my patient, and with satisfaction to myself.

After some reflection upon the phenomena of phlegmasia dolens, I became so far satisfied in my own mind, that its real character had been overlooked or misunderstood, that I resolved, if I ever met with another case of it, I would treat it upon the principle of *neuralgia*. Not long after, a Mrs. C., whom I attended in her confinement, after a lapse of ten or twelve days, sent for me, complaining of severe pain and swelling of her right limb, extending from the hip downwards, with all the other symptoms of phlegmasia dolens. In pursuance of my former conviction and resolution, I prescribed equal parts of a saturated tincture of actea (black cohush) and wine of colchicum; a teaspoonful, or about sixty drops, to be repeated once an hour till the pain abated, and then to be continued at intervals of three, four or six hours, as the pain indicated, designing, as in other neuralgic cases, to keep the system under the influence of the medicine till the disease was removed. Having observed that these cases were always attended with morbid action in the various secreting organs, especially the liver, I directed five grains of blue pill to be taken night and morning in addition to the above prescription, till those secretions became healthy. This constituted all the treatment. When I called the next day, I was happy to find that the *pain* was relieved, and that the *swelling*; and in fact the whole progress of the disease, was arrested. The first prescription was continued at intervals of six or eight hours, and in three or four days this limb was relieved. In a few days the other limb was attacked in the same way, and by a return to the course pursued with the first limb, this was soon relieved, and the disease appeared to be divested of its terrible and tedious character.

Soon after this case, a brother in the profession observed to me, "I have one of those terrible cases of *swelled limb*, and know not what I can do with it." I gave him my views of the disease, and furnished him with the medicine, directing him how to use it. The result was as hap-

py as in my own case. This same lady I attended at a subsequent labor, and after apparently "doing well" for a week or ten days, she was again attacked with a "swelled limb," and sent for me. After the operation of a brisk cathartic, I put her upon the course prescribed in the first-mentioned case, and with the same success.

These three instances are all the opportunities I have had of testing the correctness of the view I now entertain of the character of that, to me, heretofore dreaded disease.

At the suggestion of some of the medical fraternity, to whom I have communicated my views, and the history of these three cases, with a request that *they* also, if an opportunity presented, would give it a trial, I have consented to make this communication to you; and if you think the *hint* I have given as to the nature of this disease, without *theorizing* upon it, will be of any *practical* benefit to the profession, and through them to other *sufferers*, you will please give it a place in your *Journal*. I will simply add, that I have found more benefit from the use of the *actea* and *colchicum*, prepared, combined and administered as above mentioned, in controlling and relieving *all* neuralgic affections, wherever located, than from any other remedy I have ever used. Indeed, in my practice, they have never failed.

Yours, &c.

Lenox, July 26, 1842.

ROB'T WORTHINGTON.

MALFORMATION OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following account of malformation of the heart is at your disposal.

About two years since, I was called to visit a child of Mr. S., of this town, aged two years and six months. Mrs. S. related the history of the case as follows. From birth to the age of eleven months, there was nothing unnatural in the health or appearance of the child. At this time it began to be very much afflicted by ill turns, attended with laborious respiration, palpitation and a peculiar blueness of the skin. After a few minutes the paroxysm would pass off, leaving her in a state of great exhaustion. These paroxysms continued, at irregular intervals, with increasing severity, up to the time of its death, which occurred on the 14th inst.

Post-mortem Examination, sixteen Hours after Death.—Body very much emaciated; face bloated; skin blue; lungs small and dark colored; one and a half ounce of serum in pericardium; heart weighed five and a half ounces; hypertrophy of right ventricle; aorta communicated with both ventricles equally; pulmonary artery very small; its communication with the right ventricle would barely admit a common blunt-pointed probe; foramen ovale imperfectly closed. The remaining viscera natural, with the exception of color, which might be expected from the imperfect arterialization of the blood.

A. C. SMITH.

Haverhill, July 22, 1842.

BOSTON ORTHOPEDIC INFIRMARY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I believe I promised to give you a concise account of the doings at the above Infirmary, particularly if anything should occur that might probably be interesting to the readers of your valuable Journal. Many operations have been performed at this Institution since the date of my last; but as they were mostly upon club-feet and deformed limbs, which were so nearly analogous to those previously reported, it would be merely a repetition to send you any account of them.

One case, however, of club-foot has recently been treated at the Infirmary, which I think may not be totally uninteresting to your readers. A gentleman, æt. 30, of collegiate education, and a teacher in a public seminary in a neighboring State, presented himself at the Infirmary. His case was equinus varus. He stated that there was a vacation at the seminary, where he was instructor, of three months, and that if he could have a good foot in that time, he wished it might be done; but if it would require a longer time, he must defer it to some future period. He stated, further, that he suffered much pain in walking, in addition to the mortification of hobbling about; that he was determined to be cured, if there was any cure, either now or at some more convenient time. Dr. Brown examined his foot, and asked him to walk back and forth across his room. He then told him he might have a good foot before the expiration of his vacation (3 months) if he would submit to the process—which he stated to him. He consented. Dr. B. at once divided all the tendons that held the foot in its malposition, viz.: the tendo-Achillis, the tibialis posticus, the tibialis anticus, the extensor longus digitorum pedis, the extensor longus pollicis pedis. The foot hung pendulous. It was immediately bandaged and placed in Dr. B.'s patent apparatus. In four days all dressings were removed, a stocking put on, and the foot replaced in the same apparatus. In three weeks a straight boot was put on, and the patient went home; not, however, without taking the apparatus with him to apply by night. In four weeks he reported himself to the Infirmary very much improved. In five weeks after the operation he reported himself again, after having walked nearly a mile from the railroad cars, in which he came. He walked with ease, and although there was a little imperfection in his gait, it was almost imperceptible.

There have been two operations at the Infirmary on the back for lateral curvature of the spine, since my last communication. One was on a girl 14 years old, with very favorable results. But the most interesting one was done last week, on a married lady 25 years old, the mother of two children. The deviation between the blade bones was about three inches; in the loins, two inches. She was suffering under a pulmonary affection—short breath, palpitations of the heart, &c. The longissimus dorsi was divided transversely on each side of the spinal column, opposite the last dorsal vertebra, without loss of blood. Dr. J. M. Warren and myself present. On the seventh day from the operation she walked up two pair of stairs, and went through all the exercises usually made use of at this institution, for correcting lateral curvature.

Her spinal supports were raised on this day one and a half inch, by her request, as she said she had gained that much in height. More particular reports of these cases may be given at some future period.

Boston, July, 1842.

B. BROWN.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 3, 1842.

EFFECTS OF THE TIMES ON THE PROFESSION.

STRANGE as it may appear to some, those who are most familiar with the professional interests of the country know very well that the existing hard times affect even the profession of medicine. In the first place, fewer books are published, and consequently one of the avenues, at least, to science, is partially closed. A disposition to curtail individual expenses in order to meet the world as it presents itself, deranged in its affairs, obliges those who always have been the generous patrons of authors and printers, to withhold subscriptions and purchases, and thus this department of industry and labor, connected with medical science, necessarily suffers. New books elicit new ideas in those who read them. Without their multiplication, therefore, there cannot be that mental activity which is produced by the silent, yet cogent stimulus of new treatises, new theories, or the announcement of important discoveries in medicine, surgery and physiology. Thus, in a measure, we are enabled to explain the comparative paucity of original communications in the journals, which are not so generously supplied by correspondents as they have been heretofore. Instead of reading, reflecting and writing as much as formerly, those who were efficient contributors to the scientific periodicals of this country are compelled to bestow much of their attention upon other objects, which the state of the times renders imperative.

In the course of an extensive tour through an enterprising section of the Union, distinguished alike for the fruitfulness of the soil and the vigor and intellectual energy of the inhabitants, the same complaint was heard that has so long rung in our ears at home. And it was a subject of frequent observation, that no class of men were more desponding, or seemed to feel the pressure more severely, than medical practitioners. Now at first view it may appear absolutely absurd that the scarcity of money, over the civilized world, should so affect the condition of a physician—as though people could not or would not be sick in adverse as well as in prosperous times. The fact is, the hardness of the times has increased the labors of physicians, but they can get little or nothing for their business. Collections, in the country, cannot be made; and the physician, who of all men is dependent on others for the price of his time, finds an increase of fatigue, responsibility and vexation, without obtaining, in many instances, a decent support for his family. Thus, the hardness of the times directly affects the condition of our professional brethren. We are quite sure that this view of the matter is essentially true; and will explain satisfactorily any apparent lack of interest in the advancement of medical science, with those who were for-

merly distinguished for their activity in promoting its objects and extending its boundaries. The medical practitioner should remember, however, that he may in the end be a loser by retaining the small pecuniary amount which he has been in the habit of paying for medical books and periodicals.

Liebig's Animal Chemistry.—We have seen a copy of the new and remarkable work of Professor Liebig on Animal Chemistry, which is so highly spoken of in the London Quarterly for June. This copy is incorrect, and probably other incorrect copies have been sent by the publishers to this country. While the work was passing through the press new and important results were obtained by the author, which rendered it necessary to cancel many pages already printed. These have been retained in the copy we have seen, and no doubt in others, done up hastily for the supply of foreign orders. The work is announced, we are happy to see, as passing through the University press at Cambridge, under the supervision of Professor Webster, to whose care the author has committed the work with his latest corrections, additions and alterations, together with some new matter not contained even in the *correct* English edition. We have seen a letter from Dr. Gregory, the translator, stating that this will be the only American edition authorized by the author and translator, and undertaken by their request.

We stated some time since that the American edition would appear simultaneously with the London; but a mere accident has prevented this. Dr. Gregory forwarded the last pages to Liverpool in time for the Steamer of the 19th, but from some accident the parcel was not received at Liverpool until the vessel had started, and they were retained for the next. Had it not been for this unlucky occurrence, the book would have been out ere this.

Principles and Practice of Modern Surgery.—This is an American re-print, from the second London edition, with notes and comments by our former neighbor, Dr. J. B. Flint, lecturer on operative surgery in the Louisville Academy of Medicine. As it came from the hands of Mr. Druitt, nothing could have been more welcome to a surgeon. The press, uniformly, has bestowed all praise upon it. The presumption is, that good as it was before, the notes and comments have made it better. Certain it is, that if any one could add to its practical value, Dr. Flint was the man to do it. It comes in the form of a large octavo, of five hundred and twenty-five pages, from the celebrated publishing house of Lea & Blanchard, Philadelphia. We by no means intend allowing the book to pass without bestowing such attention to the American part of it, as the medical public have a right to expect.

Quarterly Summary of the College of Physicians.—Although quotations have been liberally made from these transactions, which are so creditable to the members of the Philadelphia College, we cannot well refrain from repeating the opinion heretofore expressed in regard to the publication, viz., that it is an excellent series of papers, elevated in character, instructive in details, and creditable to the medical literature of the country. In a sort of postscript we notice that individuals, not members of the College, may be supplied with the Nos. by applying, post-paid, to the

Secretary, Dr. Henry Bond, No. 1 North Ninth street, at the rate of twenty-five cents per No. It is recommended to those who have not yet discovered the merits of these transactions, to send for the two last Nos., which are good specimens. On the whole, we know of no better collection of genuine medical matter than this Quarterly Summary.

Bolton on Strabismus.—This is a neat, small treatise, convenient, in fact, for pocket reference. It contains a description of new instruments, which, by the way, are well engraved; and the leading object of the author, James Bolton, M.D., of Richmond, Virg., is, as the title-page expresses it, to improve the operation for the cure of strabismus, in simplicity, ease and safety. Cases are given in illustration of the principles upon which the essay is based. There is nothing strikingly original, and yet it is a creditable performance and a safe guide to follow. One of these books cannot be otherwise than convenient when preparing for a division of the muscles, and their diffusion through the country would essentially contribute to the progress of the correct principles of modern surgery.

Essays on the Philosophy of Vitality.—In acknowledging the civility of the author, Dr. Paine, who seems to give himself no rest from scientific pursuits, it behooves us to say that no man could better write on the "*Philosophy of Vitality, as contra-distinguished from Chemical and Mechanical Philosophy, and on the modus operandi of Remedial Agents.*" No person can read this understandingly, without giving to it his entire attention, since each proposition requires a vigorous exercise of the mind fully to comprehend it in all its bearings. The author dips deeply into the very centre of things, with a view to deducing from the philosophy of generation, the vital nature of hereditary diseases. From the character of the inquiry, and the manner of managing it, it is quite probable that the journals will hereafter have considerable to say about it.

Medical Society of Missouri.—Civilization tends to order. The State of Missouri, which, within the memory of young men, was in the possession of savages, now vies with her sister States in the arts and refinements of modern society. Amongst the evidences of her onward progress, is the organization of a State Medical Society. The Legislature has thus given a splendid exhibition of the wisdom of its councils, in chartering an institution which contemplates the preservation of the public health, almost in the commencement of its own existence. The Society was incorporated in 1837, though instituted two years before. An examination of the constitution gives us a plain insight into the policy of the Society—which simply seeks the respectability and usefulness of the profession of Missouri. Meredith Martin, M.D., is President, and the Corresponding Secretary is James Sikes, M.D.

Dr. Okie's Pamphlet on Homœopathy.—In the mass of books, letters, circulars, &c. &c., the accumulations of a month, while we were on a rapid tour through the British Provinces, is a pamphlet with this title—"Homœopathy, with particular reference to a Lecture by O. W. Holmes, M.D. By A. H. Okie, M.D." Thus far we have read but little

more of it than that part of the preface where the author emphatically says—"it would require no little skill so to operate upon the imagination of a horse, as to cure him of a grave disease by this means," (that is, homœopathy). In this we fully agree with him—but we have not leisure for a further analysis of his arguments to-day. In the meanwhile, Dr. Okie will please to accept the editor's thanks for a seasonable copy.

An Answer to Homœopathic Delusions.—In addition to Dr. Okie's favor, here is another from Philadelphia, bearing the following title—"An Answer to the Homœopathic Delusions of Dr. Oliver Wendell Holmes [with a sprinkling of Greek for a motto], by Charles Neidhard, M.D." Poor Dr. Holmes, thus far, is between two fires—but there is hope for him yet, if the besiegers give him nothing more powerful than homœopathic doses.

Connecticut Retreat for the Insane.—After the liberal quotations already made from the eighteenth report, it is perhaps quite needless to tender our thanks to Dr. Brigham for his promptitude in sending to the address of the Journal whatever is published in relation to the institution over which he so acceptably presides. It is through such official reports, alone, that the profession, and the public in general, glean the little they know of the statistics of this class of benevolent institutions—the glory of the age in which we live.

Castleton Medical College.—Always vigorous, and never idle. Wedged in as it is, by the Green Mountains, the catalogue and circular show that the College had twenty-nine students out of old Massachusetts. Now we are gratified with their success, but it will not do to have it said that young gentlemen go from Massachusetts, a commonwealth of literary and scientific institutions, to Vermont, for a medical education. However mortifying the fact that twenty-nine were fairly matriculated, we will not be so ungenerous as not to congratulate the faculty on the achievements and prospects of the College. Only make good surgeons and common-sense physicians, and we shall not stop to inquire where they came from—yet we are bound to speak well of the school that accomplishes that important undertaking.

College of Physicians and Surgeons, New York.—An absence of a few weeks has made a little derangement in the customary editorial routine; but we shall soon get things re-adjusted. This will explain the reason of not having earlier noticed the prospectus of the College. The prospect before them is bright—and the faculty, it is very certain, are fully competent to conduct the institution with honor to themselves. As nearly as we can ascertain, the two schools in New York entertain no hostility towards each other—believing, with uncle Toby, that the world is large enough for both.

Boston Equitable Life Insurance Society.—A sufficient number of medical gentlemen in Boston, never yet have all been convinced at once that

it would be of immense importance to the future comfort and happiness of their wives and children, to have a medical fund association for their special and exclusive benefit—from which they might draw a regular and adequate support, should they happen to be left to the cold charities of the world. In New York an organization has been attempted for this benevolent purpose; and in Europe such societies abound. Since nothing of the kind, therefore, has been done here, we strongly recommend to all those who have a regard for the condition of their kith and kin when they themselves shall be no more, to avail themselves of the prospective benefits of an institution about to be established in this city. By a small annual saving, a person may, in the event of his premature death, secure a suitable provision for his widow; and in case his estate should be mortgaged, it will enable her to pay off the mortgage, and retain the estate for the use of herself and children.

"An assurance for one year, or for several years, terminates with the period for which the assurance is made, but an assurance for the whole term of life is of a different character, and to one so insured a Mutual Life Assurance Office becomes a savings bank, especially after three or four dividends have been added to the original sum assured; the Policy then becomes of present value to the assured, and is a part of his property, and he may obtain money on loan by a pledge of his policy; or should it be inconvenient to pay the annual premiums, or be no longer necessary, he can receive back from the Office a fair consideration for its surrender, or a new policy for an equivalent sum, payable at death."

Medical Miscellany.—Deacon John Whitman died week before last, at East Bridgewater, Mass., at the age of 107.—Dropping cold water, from an elevation of a few feet, on the head or back of the neck of a person over-drugged with opium, is said to be very efficacious in overcoming the poisonous effects of the drug. Dr. Dunbar, of Baltimore, lately roused a patient in that way, who had attempted suicide by laudanum. A stomach pump finally completed the operation; but instead of thanking the physician, she declared that she would hang herself in spite of him!—Bronchotomy has been successfully performed on a child in Montgomery, Co., Virg., by a surgeon of Washington city, whose name is not given.—Dr. David M. Reese has been appointed Professor of the Institutes of Medicine and Medical Jurisprudence in Washington University, Baltimore, and it is expected will accept the chair.—A colored woman died at Philadelphia, week before last, at the age of 121 years. She was born in Bermuda in 1721.—Dr. Orin Smith, of Berlin, Vt., is a candidate for the Senate of that State.—The Times says that Dr. Capen prescribed for a woman who had taken a potion of *oil of tansy*, whom he relieved in twenty minutes, *homœopathically*!

TO CORRESPONDENTS.—The communications of Drs. Mansfield and Knowlton will appear next week. A notice of the proceedings at the late meeting of the Society of Dental Surgeons will also then be given.

BOOKS RECEIVED.—Liston's Elements of Surgery, by Dr. Gross.

Number of deaths in Boston for the week ending July 30, 48.—Males, 31; Females, 17. Stillborn, 7. Of consumption, 5—marasmus, 2—dropsy, 1—smallpox, 2—enlargement of the liver, 1—bowel complaint, 2—dysentery, 2—infantile, 3—lung fever, 1—inflammation of the bowels, 5—cholera infantum, 8—scarlet fever, 2—canker, 1—dropsy on the brain, 1—tumor, 2—inflammation of the lungs, 1—diarrhœa, 1—cramp in the stomach, 1—brain fever, 1—dropsy in the head, 1—typhus fever, 2—disease of the heart, 1—teething, 2—croup, 1.

MASSACHUSETTS MEDICAL COLLEGE.

The Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

Anatomy and Operative Surgery,	PROF. WARREN	Fees.
Midwifery and Medical Jurisprudence,	PROF. CHANNING	\$15.00
Materia Medica,	PROF. BIGELOW	10.00
Principles of Surgery and Clinical Surgery,	PROF. HAYWARD	10.00
Chemistry,	PROF. WEBSTER	15.00
Theory and Practice of Physic and Clin. Med.	PROFS. WARE and BIGELOW	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissecting Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

Je 20—cop6t

WALTER CHANNING, Deac.

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

The Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM F. RUSSELL, M.D., Professor of Medical Jurisprudence.

ESSA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SWADEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$15. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class.

Castleton, Vt., May 26, 1842.

Je 29.—tA4

JOSEPH PERKINS, Registrar.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

The annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed gratis. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by

DIXIE CROSBY, M.D.

Materia Medica, Medical Jurisprudence and Medical Botany, by

EDWARD E. PHELPS, M.D.

Chemistry and Pharmacy, by

OLIVER P. HUBBARD, M.D.

Theory and Practice of Physic, and Pathological Anatomy, by

JOSEPH ROBY, M.D.

Anatomy and Physiology, by

EDMUND E. PEASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

The next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

Moses A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

Fees.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$15. Board: from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 22—tA

H. H. CHILDS,
President.

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